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# CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 9, 1991

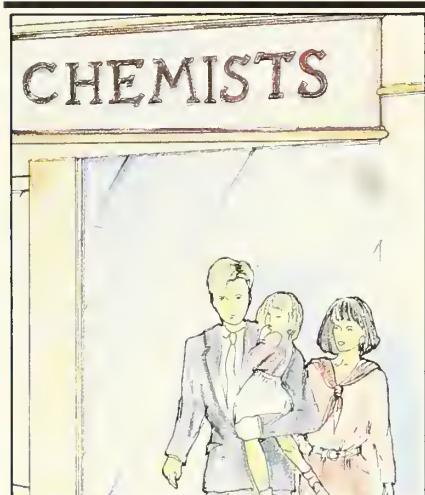
Dutch shut wholesaler arm in UK

Lloyds Chemists eat up Greens

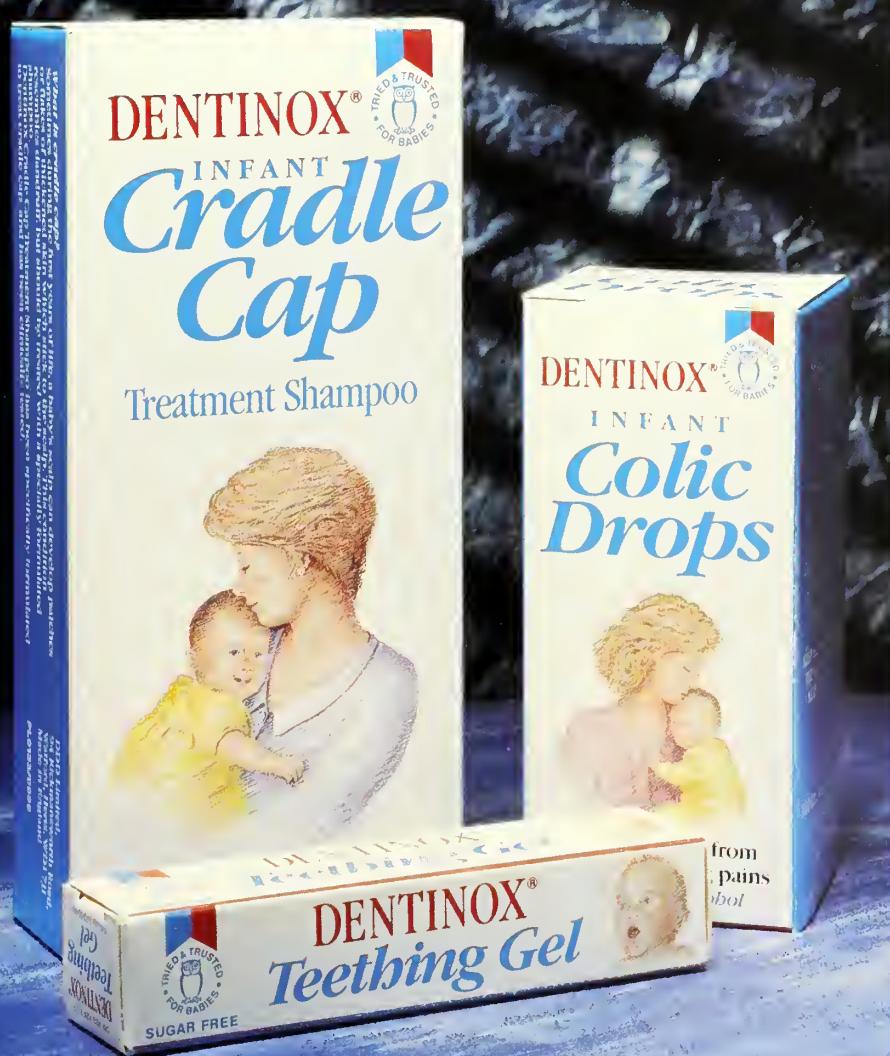
Striking off for 'speed' manufacture

NPA: developing the clinical role

Update on drugs used in NIDDM



Putting style in the store



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THE TASTE OF SUCCESS



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## Comment

The UK full-line wholesaling industry has this week suffered a major blow with the precipitate closure of Medicopharma UK, nee the Macarthy wholesale operation. And the manner of breakdown of supply has tarnished the whole industry.

The writing has been on the wall for some time with the recent 35m glider six-month loss of the Dutch parent company heralding this week's closure of their UK operation. The American wholesaler McKesson, who initially injected capital into Medicopharma UK in a joint trading agreement, had also held back from further commitment. But it is pharmacists and their customers who will suffer the most significant fall-out from Medicopharma's sudden demise.

Losses must have been so significant that the parent company had simply to realise its assets at a knockdown price, rather than keep the operation afloat but with cash leaching rapidly away. The result has been that community and hospital pharmacists up and down the land have had to rapidly switch wholesaler. The impact on both pharmacist and wholesaler will have been greatest where Medicopharma was number one supplier with out-of-stocks a real possibility as manufacturers seek to replenish rapidly dwindling depot reserves around the country. Government should take note that the wholesale market is under pressure and should afford full-liners the

support advocated by the British Association of Pharmaceutical Wholesalers.

Pharmacists have less choice of wholesale supply. With choice comes a balance of supply, service, systems, and price. With that choice now diminished the temptation is always there for the survivors to cut back at sometime. And they will also be tempted to put the squeeze on manufacturers — too much pressure will threaten the manufacturer base.

Whether or not the AAH decision not to purchase the three Medicopharma depots as going concerns is a considered attempt to avoid the machinations of the MMC is a moot point, but they obviously run a considerable risk of seeing business associated with those depots irrevocably transfer to wholesalers outside the AAH fold. Indeed, Terry Norris, managing director of the disparate voluntary trading group Numark, is obviously taking steps to prevent that same switch inflicting substantial damage on the heart of his organisation. Medicopharma, and Macarthy before it, were major constituents of the Numark wholesaler mix. Without the buying power and support of that element the whole Numark strategy must be under review, despite the positive noises emanating from Mr Norris this week. It is to be hoped they can survive and continue to leaven the wholesale lump.

# Waldegrave highlights pharmacists' role

News

The pharmacist's role in preventing ill-health and curing disease can be just as important as that of doctors and nurses. "It can — and should — become more important still in the future," Health Secretary William Waldegrave told guests at the Royal Pharmaceutical Society Council dinner this week.

"Pharmacists have an important advisory role to play in discussions between health authorities and hospitals over the details of NHS contracts," Mr Waldegrave said. They also had the expertise to advise on the priority of use of drugs in hospitals.

Mr Waldegrave said people were more aware of their health needs than ever before. They expected higher standards of care from the NHS. People needed accurate, relevant information that they could trust. "Community pharmacists are ideally placed to fulfil this role.

"They offer informal, unchallenging surroundings: the High Street pharmacy is easily accessible and there is no need to make appointments. Pharmacists can provide the public with leaflet and booklets on health care. They can even offer counselling and advice on health screening. They are one of the select group of health care professions that see members of the public in health as well as sickness," the Health Secretary said.

"Many community pharmacists already do far more than providing a dispensing service. I hope that we can make the best possible use of this ready network of experts to provide a one-stop health centre, not rivalling GPs, but complementing them. I am confident that there will never be a shortage of work for both!"

Mr Waldegrave said community pharmacists will be key members of the alliance between national and local Government, the NHS, voluntary organisations, employers, trade unions, and individuals. "They have the expert knowledge to pass on, and the local connections to enable them to reach out to the community.

"For this reason, it is important that the profession is involved in our work to take the strategy forward. I am very glad that NPA director Tim Astill and your president, David Coleman, have accepted the invitation to serve on a working party, chaired by Virginia Bottomley, which is looking at the wider issues raised by the strategy," Mr Waldegrave said.

"I don't expect pharmaceutical care to become the norm overnight. But nobody made a greater mistake than he who did nothing because he could only do a little. We are playing our part in developing the pharmacy

profession through the Joint Working Party on the role of community pharmacy. I gather that the report is almost ready and I very much look forward to reading it," Mr Waldegrave said.

In response David Coleman said Britain's community pharmacies had virtually unlimited potential in health promotion and health prevention.

"We recognise the importance of the community pharmacist in advising on how best to treat the symptoms of common ailments. We see the contribution that pharmacists in both the hospital

and community pharmacy sectors can make in advising prescribers on rational and economic prescribing.

"We see the emphasis on care in the community, rather than hospitals and we recognise the opportunities for pharmacies to provide specialist and domiciliary pharmaceutical services," Mr Coleman said.

"Secretary, in this 150th anniversary year, we urge you to ensure that the full potential of pharmacists is utilised in the achievement of the Government's health targets and the implementation of its health policies," concluded Mr Coleman.



David Coleman



William Waldegrave

## MP's motion backs ABPI

Some 106 MPs have signed an early day motion now before Parliament backing the European Commission's proposals to give up to 16 years patent protection on medicine discoveries.

The motion, the third to be tabled in recent months, supports the stance taken up by the Association of the British Pharmaceutical Industry. However, the Department of Trade and Industry is seeking to restrict the increased patent period to a maximum of 13 years.

"The Government is completely out of step with its own supporters, industry and the European

Commission," said ABPI director, Dr John Griffin. "If the Government wants to maintain one of the few remaining world-beating British industries it must fall into line with the Euro-plan. Anything less will see us worse off than our major competitors in France, Italy, USA and Japan who have already taken positive action."

It now takes on average, £120 million and 12 years of research to develop a new medicine, says the Association. The product then receives only eight years of remaining patent protection to recoup its development cost and return on investment.

# Which? highlights generic confusion for patients

Generic medicines are good news for the NHS but are not always good news for patients, according to the latest edition of the Consumers' Association's magazine *Which?*.

An article in the December issue says that generics are simply cheaper versions of branded drugs and switching between brands and generics should not make any difference for most people — with some exceptions.

However, there is criticism of the situation whereby, unless the prescription specifies which generic should be dispensed, the patient could receive a different drug each time. This can cause confusion because of a difference in appearance or problems due to a change in inactive ingredients, says the article. A photograph highlights differences in appearance of amoxycillin, salbutamol, atenolol and temazepam.

Problems can arise when the

generic contains an inactive ingredient to which a patient may be allergic to, for example, colours such as tartrazine (E102) or sunset yellow (E110), says *Which?*. Alternatively a patient may wish to avoid sugar or animal products. "Patients should have the chance to get the same version of a drug every time they want it."

Current labelling regulations mean it can be difficult for the patient to find out what inactives are present, says the article. Anyone who may have concerns is advised to contact their doctor or pharmacist who may be able to find out for them.

The Consumers' Association welcomes labelling changes proposed by the EC which will come into effect in 1993. "Until they become law, we hope that everyone involved in getting medicines to patients will take steps towards providing the kind of information

they need," *Which?* concludes.

The article includes a "prescription checklist" relating to generics which points out that:

- Only a doctor can prescribe a generic drug — the pharmacist must dispense the drug that's named on the prescription.
- Being prescribed a generic medicine is "no cause for concern" — the active ingredient will be the same so it should do the same job as the brand.
- If the drug is difficult to get along with, the doctor should be consulted as there may be an alternative brand or generic that is different in shape, colour or inactive ingredients.
- A patient who has a prescription for a generic medicine may receive the branded version if no generic version is available or the pharmacist does not have one in stock.



# Developing the clinical role

**The National Pharmaceutical Association's North West Conference took for its theme "Today's challenges for independent pharmacy". It focussed primarily on the potential for developing the clinical aspects of the pharmacist's role**

The major challenge for the 1990s will be developing clinical pharmacy in the community and closer inter-professional working. Alison Blenkinsopp, director of the Centre for Pharmacy Postgraduate Education, told delegates.

Dr Blenkinsopp said that family health service authorities were looking "very hard" at how they would monitor the provision of pharmaceutical services in the community. Some FHSAs now had pharmaceutical advisers, and there was already some discussion with the Royal Pharmaceutical Society about whether inspection of services should be done by FHSAs, the Society's inspectors or a combination of both.

The Department of Health's Working Party on the Future Role had met for the last time, and the signs coming from it were "largely positive", she said. There was a suggestion that pharmacists might be given the authority to issue repeat prescriptions to certain patients. Pharmacists would therefore have to work more closely with GPs as members of the primary healthcare team.

## The 'big push'

The "Health of the Nation" is where the "big push" is going to be, Dr Blenkinsopp said. In the next ten years and at the beginning of the next century, there would be huge areas for community pharmacists to be involved in. But this could not be in isolation from what was happening in other areas of primary healthcare, she said.

Dr Blenkinsopp used the example of local GPs running health promotion clinics, and said there was a lot of potential for collaboration. Barnet FSHA had launched a new scheme and was paying contractors who were taking part in a health promotion scheme. Pharmacists were being accredited and trained, getting involved with local GP practices and getting extra payment for doing so.

Dr Blenkinsopp reminded delegates that the Nuffield Inquiry had found most contact with GPs



**Dr Alison Blenkinsopp**

was on the initiative of pharmacists in response to a problem with a prescription. So it had been recognised for a long time that patients would receive better care if pharmacists and GPs worked closer together.

## Liaison groups

The White Paper "Promoting Better Health" suggested the setting up of local groups of pharmacists and GPs. The Society was interested to progress this, and had defined "liaison groups" which would be a meeting of local GPs and pharmacists who served the same patients.

Dr Blenkinsopp had been involved in the setting up of a liaison group two years ago. From discussions, it emerged that both pharmacists and GPs had defensive perceptions about each other. Pharmacists felt that GPs would not want to talk about drug therapy, and some GPs saw pharmacists as shopkeepers and wondered how they could give impartial and independent advice.

There had been many potential barriers to the liaison groups, but when PACT data was introduced it had a profound effect on the way in which they operated. There are now five liaison groups in Bradford. Pharmaceutical advisers at the FSHA had been crucial to the success of these groups.

Other research in Bradford involved the FSHA monitoring a scheme that involved community pharmacists working with practice nurses and GPs in monitoring asthmatic patients, with a view to paying the pharmacists.

Dr Blenkinsopp said the indications were that within the next year or two, all pharmacies would be using PMRs, which would put them in a much stronger position in terms of monitoring patients. If a repeat

prescription system were introduced, there might be an argument to say that some patients should be registered with pharmacies, she said.

## Training

Central to all this will be training. With only 10-25 per cent of pharmacists taking part in continuing education courses, Dr Blenkinsopp said it was important to consider how to get pharmacists interested.

Utilising the carrot and stick approach, "carrots" could be financial incentives or a personal incentive, whereby pharmacists would be issued with certificates. "Sticks" might include making continuing education mandatory, or assessing competence.

The CPPE's strategy will be to increase the pharmacist's choice, and it will be introducing more courses next Spring, said Dr Blenkinsopp.



**Mary Allen**

■ The British Diabetic Association welcomes the increased involvement of pharmacists in diabetic care, said the BDA's Rosemary Walker.

Some patients' only contract with a professional is with a pharmacist, she said. The advice they give is both professional and highly accessible. A further key role of the pharmacist is liaison with and referral to other healthcare professionals or organisations, and selling blood glucose meters.

However the BDA feels that there is no place for diabetic products in the management of modern day diabetes, said Mrs Walker. Instead, a range of healthy alternatives and sweeteners could be sold.

The BDA and the NPA are working on a resource pack on diabetes for pharmacists, Mrs Walker told delegates. It may also

become part of a training course run by the CPPE.

■ Controlled dosage systems will not go away, even though they do not solve all problems, says Mary Allen, head of the NPA's information department.

Competition will not go away, either. Boots and Lloyds will continue to push forward in the homes market and other areas — including using CDs in the community — and hospitals will also be competing for services.

Pharmacists could see the current changes either as a threat or as an opportunity, she said.

■ "The 'real' business of retailing is about understanding people," according to Kim Harris, lecturer in retail marketing at Manchester Polytechnic.

She told delegates that the more they could understand what makes both their employees and their customers "tick", the more profitable she believed they would be.

Ms Harris said the strengths of independent retailers included their customer contact, operational control and the atmosphere and ambiance of their shops, whereas weaknesses were the threat from multiples, their lack of formal management training, lack of direction and tendency to overstock.

Their future depends on developing a complementary role to the multiples, rather than trying to compete with them, using service as a strategy, exploiting their "marketing" advantage, and using technology to gather market information.



**The NPA's chairman Jeremy Clitheroe welcomes delegates**

## No nurse prescribing in new Lords Bill

Legislation launched this week opens the possibility of a fresh attempt to introduce nurse prescribing.

The Nurses, Midwives and Health Visitors Bill introduced in the House of Lords on Tuesday makes no such provision. However, backbench Members of Parliament are likely to make an attempt to amend the scope of the Bill to authorise nurse prescribing for a limited number of conditions when the Bill reaches the Commons.

The Bill has an uncertain future because of the timing of the General Election. The latest date on which it could be held is July 9, 1992, so the last session of the present Parliament will not be able to run the normal 12 month course.

Should John Major, the Prime Minister opt for a Spring election the Bill could be among measures jettisoned as the Government clears the decks for the poll.

## DoH research grants

Pharmacists interested in pharmacy practice research are reminded about the Pharmacy Practice Research Enterprise Scheme, launched by the Department of Health as a source of funding.

The scheme aims to provide training in the planning, execution and dissemination of pharmacy practice research and offers two types of awards:

- Practice research training awards — support to enable pharmacists to pursue a recognised course of formal study which provides training in the research techniques and methodologies applicable to practice research.
- Practice research studentships — support to enable pharmacists to pursue postgraduate study to doctoral level with an eligible multidisciplinary research group involved in health services based research.

The projects considered for funding must examine an aspect of pharmaceutical services in either community or primary care sectors but may use either observational or experimental methodologies. Applications for support in excess of £15,000 per year are unlikely to be considered.

The closing date for applications is December 16 and successful applicants should be in a position to begin work from the beginning of April next year. Information and application forms can be obtained from Mr G. Clarke, Room 124, Portland Court, 158/176 Great Portland St, London W1N 5TB.

## Active support for Numark

Sunday at home is how I prefer to spend my leisure time, but last weekend I spent it instead at "Sunday at Home", the first national meeting for Numark members.

The new Numark is now a different baby from that of the moribund beast spawned many years ago with such enthusiasm by the then National Pharmaceutical Union through Independent Chemists Marketing Ltd. It intends to aggressively compete for members in the independent sector using the watchword of true mutual co-operation as its rallying cry. The future was clearly mapped out on Sunday as an active partnership between independent community pharmacists and independent wholesalers with the twin lynch pins of their new retail concept and a dramatically expanded and repackaged own brand range — a direct assault on their competitors.

The necessary total commitment has to be voluntary but in this, its weakness, also lies its hidden strength because the commitment when it comes will be from the heart and not the enforced requirements of



documentation. The future looks exciting but will need the active support of independent pharmacists to succeed. The future of community pharmacy requires that it does precisely that.

## Left with the odd stocking and no leg...

I have only ever stocked one brand of elastic hosiery, but my stock holding has always been comprehensive and very few requests require a special order. Occasionally a patient may request an alternative brand which I can quickly obtain from a wholesaler. With the excellent back up service I receive from both manufacturer and wholesaler the system works well.

Recently the rep called on his regular visit and as usual he removed those odd stockings that I had accumulated from prescriptions calling for one only and returned them for me at full credit. This is a service that has always been my privilege at the manufacturer's loss, although through no fault of either of us. Once again it is an example of a parsimonious Department of Health which refuses to accept hosiery as a special pack. Logically stockings are sold in pairs, yet the Department insists on paying for only one from a pair if it is so prescribed. I do try and persuade the local doctors to order in pairs or suggest to the patient that they request a further script for the other half but this system is not foolproof and the "odds and sods" do build up.

Owing to the excellent service I receive the problem is contained, but many community pharmacists must be unfairly penalised. PSNC should now pressure the Department to rectify this.

## No new lamps for old for me

The old candle vaporisers have been life savers in many a children's sick room but the design, though still enjoying sentimental patronage, has never been particularly safe. When the

new electric version was introduced in a blaze of publicity, with a promise of greater efficiency and lower running costs. I enthusiastically displayed my promotional material in anticipation of a rep's triumphant visit to provide me with an initial stock of half price machines.

Alas... much customer demand, but no rep. Wholesalers out of stock so no machines and when I eventually phoned LRC, no help. I can only assume that someone somewhere is the proud owner of the first of those 50,000 units but at the moment it is not me. Perhaps they will surface once the pantomime season has ended? "New lamps for old... New lamps for old!"

## Seeing professional harmony at work

The removal of the opticians' monopoly on the sale of reading glasses occurred over two years ago and incurred the wrath of the optical profession. I was reminded of this event in last week's C&D but having ventured into the field at an early stage, I am still convinced that the pharmacy is the correct place for their purchase.

I sell a well known budget range from an excellent counter stand and have no excuse for incomplete stock since the supplier's back up is first class. The glasses are of good quality, the patients appreciate the competitive prices and I obtain financial and professional satisfaction from their sale. I have always been friendly with a neighbouring optician and my stocking reading glasses has not soured that relationship. In fact, he is all in favour of my efforts. The patient who requires optical involvement is correctly referred to him while those who merely require a back up for their previously and properly prescribed glasses are able to purchase them at a competitive price.

My optician friend has no desire to enter this market as he is supplying a professional service for which he receives his proper remuneration. The duplication of that supply he is pleased to leave to me, happy in the knowledge that I will monitor their proper sale while referring to him many patients he might otherwise never see.

# Topical REFLECTIONS

# Script specials

## Isisfen is ibuprofen

New pharmaceutical company Isis Products Ltd are launching their first product, available from mid-November.

Isisfen is ibuprofen tablets 400mg. They are bright pink, sugar-coated tablets printed "Isis 400", and indicated for mild to moderate pain, pains and mild inflammation in rheumatic disease and other musculoskeletal disorders. Dosage, adverse effects, precautions, warnings and contra-indications are as for other ibuprofen preparations (see Data Sheet).

Isisfen is a POM, licence number 0790/0032; the licence is held by Clonmel Chemicals Co Ltd.

The tablets come in packs of 250 (£8.50 trade). **Distributors:** Farillon Ltd. Tel: 04023 71136.

## No Acthargel

Rhône-Poulenc Rorer are experiencing production difficulties which are affecting supplies of Acthargel (available on a named patient basis). The company says further supplies are unlikely to be available until the New Year. For further advice contact the company on the following special number. **Rhône-Poulenc Rorer Ltd. Tel: 081-984 2190.**

## Cetrafen change

Pharma Health Care have appointed new distributors for Cetrafen cream. It is now being handled by Farillon Ltd. Tel: 04023 71136.

## Difflam 300ml

3M Health Care are changing the pack size of Difflam oral rinse from 200ml to 300ml (£4.25 trade). **3M Health Care. 0509 611611.**

## Kerfoot additions

Three products are joining Kerfoot's generics range. They are cimetidine tablets 800mg (30, £17.72); dothiepin tablets 75mg (500, £64.70); and dothiepin capsules 25mg (100, £4.78, all prices trade). **Kerfoot Pharmaceuticals. Tel: 061-330 4531.**

## Nitro-Dur patch

Schering Plough have introduced Nitro-Dur, a transdermal glyceryl trinitrate patch, indicated for the prophylaxis of angina pectoris.

Tolerance to nitrates can be prevented by allowing a nitrate-free interval of 8-12 hours a day; plasma levels fall to zero rapidly on removal of the patch. Nitro-Dur is the only patch available in four strengths, allowing more flexibility in dose titration, says the company. Nitro-Dur comes in packs of 28 patches, and the trade prices are: 0.1mg/hr £16.14, 0.2mg/hr £17.92, 0.4mg/hr £19.84 and 0.6mg/hr £21.83. **Schering-Plough Ltd. 0638 716321.**

## Losec indications extended

The indications for Losec have been changed to allow treatment of all grades of reflux oesophagitis and to permit long term treatment of patients with reflux oesophagitis. The restriction to erosive reflux oesophagitis has been removed.

The statement on the Data Sheet on long term treatment has been amended to read: "Long term therapy with Losec in the therapy of gastric and duodenal ulcers is not currently recommended". And the following sentence has been added to the dosage recommendations for reflux oesophagitis: "Patients can be continued at a dosage of 20mg once daily".

Astra say that continued treatment with Losec is effective in

producing symptomatic and clinical remission in patients who relapse rapidly when antisecretory therapy is stopped. Losec is more effective than H2-antagonists in this respect, say Astra.

During long term treatment with Losec in patients with reflux oesophagitis there have been few adverse effects and no clinically significant effect on laboratory variables, apart from an increase in plasma gastrin levels which was observed during the first four weeks only. No treatment-related gastric mucosal changes have been observed in patients treated continuously with Losec for periods up to five years. **Astra Pharmaceuticals. 0923 266191.**

## Serevent's name changes

Allen & Hanburys have changed the non-proprietary name for Serevent. Salmeterol xinafoate is now registered as the generic name, and replaces the hitherto used chemical name salmeterol hydroxynaphthoate.

The formulation of the drug remains the same.

The reason for the change is that it is now considered correct by the nomenclature authorities to refer to a product by the generic name rather than the chemical name, say A&H.

Prescriptions written as the old name should not be rejected, but the prescriber should be asked to ensure that the correct name is used in future, say Allen & Hanburys Ltd. Tel: 081-990 9888.

## Medical Matters

### Potassium salt substitutes dangerous for some

Excessive use of salt substitutes that contain potassium may benefit some people, but it will almost certainly cause deaths in others, says an editorial in the *British Medical Journal* (November 2).

Changing from sodium in salt to potassium in some substitutes might increase a daily potassium intake of 60mmol by about 20mmol. Possible health benefits would be:

- protection against hypokalaemia,
- lowering of blood pressure,
- protection against stroke.

But there are also risks, says the author, J.D. Swales, Professor of Medicine, University of Leicester. Whereas a healthy person has no difficulty in excreting an extra 20mmol of potassium a day, others

may be at high risk of potassium toxicity as a result of disease or drug treatment.

Potassium supplements, used medically, carry high risks. In one survey, life threatening or fatal complications occurred in 28 out of 4,921 patients. Particularly susceptible are:

- elderly patients
- patients with renal impairment,
- patients taking potassium sparing diuretics, ACE inhibitors, and, most importantly, non-steroidal anti-inflammatory drugs.

Ingestion of salt substitutes is likely to pass unrecognised by doctors unless a history is specifically sought, and information is unlikely to be available in cases of sudden death, says Professor

Swales.

"Salt substitutes that contain potassium should be used only for adding to food to taste, and not for cooking. They should not feature in public health education, and a more enlightened approach to increasing potassium intake would be to achieve it through a diet enriched in fruit and vegetables."

### Peanut oil in baby milk

The seriousness of anaphylaxis to peanuts makes the exclusion of peanut oil from milk formulas highly advisable, say French researchers writing in *The Lancet* (November 2).

Fatal cases of anaphylaxis induced by peanuts have been published, say the authors. Allergy to peanuts is one of the four most prominent childhood allergies, atopic dermatitis being a common feature. The increasing incidence of atopic dermatitis in infants led the authors to suspect a hidden peanut allergy.

They were able to prove this with prick tests and other diagnostic measures in two babies, both of whom had atopic dermatitis and who were both given the same milk formula. The vegetable lipid content of the milk was 10 per cent, 80 per cent being peanut oil. Investigation of 45 milk formulas pointed to the presence of peanut oil in 11.

### Triazolam: adverse effects

Some of the bizarre consequences of triazolam use may be related to its activity as an antagonist of platelet activating factor (PAF), according to a letter in this week's *Lancet*.

The withdrawal symptoms of conventional benzodiazepines are attributed to increased sensitivity of benzodiazepine receptors, and daytime anxiety is caused by rapid elimination. But triazolo-benzodiazepines such as triazolam and alprazolam are also potent, specific inhibitors of PAF binding. This may mean that triazolam use is also associated with withdrawal effects from PAF mechanisms.

The effect of PAF antagonists on PAF mechanisms is unknown, but PAF receptor sensitivity can be altered for weeks after just a single disturbance of the mechanism.

PAF research has focused on cardiovascular function, allergic reactions, asthma, oedema, and inflammation, including skin wheals. Some 673 adverse reactions for triazolam, including pharyngitis, glossitis, vasculitis, asthma and facial oedema, have been listed by the US Food and Drug Administration. Similar reactions reported for temazepam and flurazepam total only 31 and 78.

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1. A REVOLUTIONARY NEW CONSUMER IDEA - as big as Pampers Boy/Girl.
2. THE LAUNCH OF TWO TOTALLY NEW SIZES - NEWBORN and JUNIOR - NEWBORN, for baby's first few days, it's ideal for mothers to take to hospital because it's Unisex, and JUNIOR, a new bigger nappy.
3. A HUGE LAUNCH SPEND - over £5 million pounds in just 16 weeks. And that means over £3.00 on each and every mother who uses nappies.

## NEW JUNIOR

a new bigger nappy with a narrow design between the legs.

## NEWBORN

with a special cut-out notch.



NEW NEWBORN SIZE

## BABY

with additional leakguards.



## MOBILE

with extra wide tapes.



NEW JUNIOR SIZE

### MICRO



up to 3.5kg (8lbs)

### MINI



3-6kg (6-13lbs)

### MIDI



4-9kg (9-20lbs)

### MAXI



8-18kg (18-40lbs) 10-20 kg (22-44lbs)

### MAXI PLUS



### JUNIOR



12-25kg (25-55lbs)

# Counterpoints

## Ciba extend Lypsyl with cold sore gel

Ciba Consumer Pharmaceuticals have launched a new product to extend their Lypsyl range — Lypsyl cold sore gel.

The Pharmacy only product (3g £1.99) is a combination of three widely-used ingredients in a clear gel formulation: lignocaine hydrochloride (2 per cent) as a local anaesthetic to relieve pain and tingling; zinc sulphate (1 per cent) as an astringent to help dry out the blister; and cetrimide (0.5 per cent) — an antiseptic to help prevent infection.

In trials, 93 per cent of patients said that Lypsyl cold sore gel had been either "helpful" or "very helpful" in relieving cold sore symptoms, say Ciba, while 73 per cent obtained soothing relief immediately after applying the product. It is most effective when applied at the first sign of tingling, before the sore appears, says the company.

To support the new product's launch, Ciba are spending £400,000 on an advertising campaign in the women's Press running until March. Promotional and point of sale initiatives are



planned, say Ciba.

Although the cold sore preparations market is worth only around £4 million per annum, the company's research shows that 80 per cent of the population are carriers of the *Herpes Simplex* virus. **Ciba Consumer Pharmaceuticals. Tel: 0403 50101.**

## Herbal heat plasters... as simple as ABC

A natural approach to the relief of rheumatic and muscular aches and pains comes in the shape of ABC herbal heat plasters.

The soft, pliable fabric plaster helps activate natural body heat by combining the warming effects of herbal extracts of arnica and capsicum. When applied to the affected area it creates a continual warmth that helps soothe away aches and pains, say Beiersdorf.

Arnica helps soothe inflammation and dilate the blood vessels, and capsicum helps stimulate blood flow and thus induce warmth. The thermal insulating properties of the fabric help retain body heat under the plaster, giving a greater local warmth.

ABC herbal heat plaster

is simple to apply and comfortable to use, with no mess or smell, and can be left in place for a maximum of 48 hours. It comes in a 14 by 22cm piece which can be used whole or cut to size.

The plasters are available in a display outer of 12 (trade price £17.23) from national wholesalers or at a special introductory price of £14.36 plus VAT from Chefarco Proprietaries (tel: 0223 420956).

ABC herbal heat plasters are already available in Europe, with annual sales of £15 million. They are being launched in the UK with strong marketing support, including advertising and public relations, say Beiersdorf UK Ltd, medical division. Tel: 0908 211444.

**Chemist & Druggist** 9 NOVEMBER 1991

## Probase 3 campaign

Schering-Plough are looking to boost consumer sales of their Probase 3 lanolin-free dry skin relief product. The product is currently being supported by a national consumer advertising campaign.

With a spend of over £60,000, Probase 3 will benefit from sponsored features and articles in the

national Press.

A new 20g pack (£0.99) offers retailers a basic 33 per cent POR, says the company, and distribution will be restricted to pharmacy outlets. POS material, including counter units, is available from representatives. **Schering-Plough Consumer Health. Tel: 0638 716321.**

## Haliborange takes to the TV screen

Reckitt & Colman are launching a national television campaign for their Haliborange range of vitamins, to run from November 11 through the Winter period.

The newly repackaged range now comprises four core products — multivitamin liquid for infants and children,

Haliborange A, C and D vitamin tablets for children, multivitamin plus calcium and iron for young women, and fish oil for older adults.

The 20 second ads, to be screened nationally, return to the popular "bouncing ball" theme, says the company. **Reckitt & Colman Products. Tel: 0482 26151.**

## Suleo and Derbac in new sizes and packs

During November International Laboratories' Suleo and Derbac ranges of head lice preparations will be available in new packaging and sizes.

Suleo and Derbac will have new uniforms of bright green and red with the carbaryl range (Suleo-C and Derbac-C) appearing in green and the malathion

range (Suleo-M and Derbac-M) in red. The opportunity has also been taken to standardise pack sizes across the ranges by introducing 50ml and 200ml family packs only.

Supporting the repackaging is a range of literature. This comprises a poster — "Head lice — your questions answered"; a

leaflet "All about head lice — a community concern"; an information booklet for use by the health professional — "The community guide to head lice" and "Contact tracing cards" — produced to help trace the origin of head lice infection. **International Laboratories. Tel: 061-945 4161.**



## TV boost for Philips shavers

Two of the key elements in Philips DAP's Christmas promotional programme are "heavyweight" television campaigns for their brand leading Philishave and Philips Ladyshave. Both campaigns break on November 18 and run to Christmas Eve.

The Philishave commercial "In pursuit of excellence" features the new HS980 model and will be seen on national ITV including TV-am, Channel 4 and Sky giving consumers in most areas over five opportunities to see, say Philips.

The "lift" commercial for Philips Ladyshave will also be seen on ITV including TV-am and Sky.

"We currently hold the number one spot in the top ten best-sellers list for both men's and ladies shavers," says Philips marketing manager Adrian Fleetwood, "with several other models included in both lists." Historically a third of all shaver sales are made in the last six weeks of the year. Philips DAP. Tel: 081-689 2166.



## Oxy range extended with Duo Clean pads

Smithkline Beecham have introduced Oxy Clean Duo pads, which will replace their existing medicated cleansing pads.

Duo pads (£2.65 for 36) are double sided — a rough side to remove dead skin cells and a smooth side to cleanse the skin thoroughly. They are available in two variants — for normal and

sensitive skin — and complement the other products in the Oxy range.

The launch follows consumer research which revealed a need for further product development in the medicated pad market. The pads, which co-ordinate with the rest of the redesigned Oxy range, will feature an illustration of the

product and an explanation of how it works.

Support for the product will be included in the current £2 million spend on the Oxy range. SB say Oxy now has a 22.4 per cent share of the £27m medicated skincare market. Smithkline Beecham Health Care. Tel: 081-560 5151.

## Deep Fresh extra

For a limited period only, each 400ml variant in the Dettol Deep Fresh foam bath range now offers 10 per cent extra free. Extra value is also offered with Deep Fresh shower gel with the 200ml packs offering an extra 10 per cent free. To highlight the added value, the message "40ml extra" is displayed on the front of the pack. Reckitt & Colman Products. Tel: 0482 26151.

## No dandruff...

Janssen, who make Lumen shampoo, have produced a free booklet called "Want to know a secret?". It contains hints and tips for glossy, dandruff-free hair. To obtain a free copy of the booklet write to Want to know a secret, Janssen Pharmaceutical Ltd, Grove, Wantage, Oxon OX12 0DQ.

## 85pc success...

A Nicobrevin in-pack questionnaire has revealed that 85 per cent of respondents were successful in giving up smoking and that 95 per cent would confidently recommend Nicobrevin to others trying to stop smoking, say Intercare. The survey also identified the main reasons for wanting to quit as health, cost and personal hygiene, in that order. Intercare Products. Tel: 0734 790345.

# CLEAR SHELVES QUICKLY

With the natural remedies market growing fast, Olbas Oil and Pastilles are the natural way to combat catarrh and congestion.

Sales figures prove it; last year Olbas products cleared the shelves again.

Supported by our biggest advertising expenditure ever, more and more people will turn to Olbas this year.

So clear away brands that congest your shelves and increase your sales with Olbas.



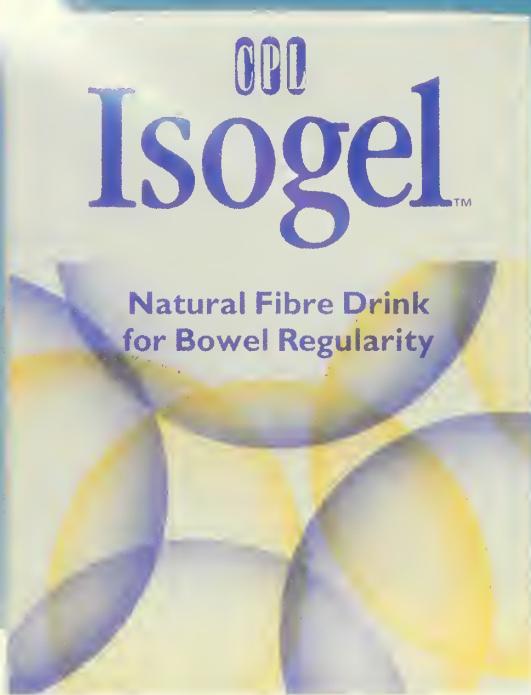
The natural remedies for noses and throats.

**Lanes**

— Leaders in natural health care

Distributed to the Pharmacy trade by Ernest Jackson & Co. Limited Tel: 0363 772251

# BORN AGAIN



## The origin of the species becomes your natural selection

You'll soon discover we've put new life in Isogel.

New packaging (available now) is only the start of its birth. The real commitment comes from full marketing support, promotional activity and a concerted advertising campaign.

Yet remarkably Isogel has had only one recent price rise, the first for over a decade – maintaining its outstanding value.

This is only the beginning. The start of a new lease of life. Because Isogel is evolving to ensure it's the natural selection.

**GEL ABBREVIATED PRESCRIBING INFORMATION** **Indications:** Conditions requiring a high fibre regimen. **Presentation:** Isogel is a preparation of spaghula Husk B.P. **Dosage and Administration:** The required quantity of Isogel should be stirred into half a glass of water. Adults: Two teaspoonsfuls or twice daily, preferably at meal times. Children: One teaspoonful once or twice daily, preferably at meal times. **Contra indications, warnings etc.** Precautions: Isogel should be swallowed immediately after mixing. Elderly or debilitated patients should be supervised whilst taking Isogel. Basic NHS Price: £1.51 RRP: 200g £2.37 PL No: 0045/5028R.

Prescribing information is available by post from distributor: Charwell Pharmaceuticals Ltd., Charwell House, Wilsom Road, Alton, Hants. GU34 2TJ.

OPL

## Chinese lozenges from Health Aid to help give up smoking

Health Aid have launched a lozenge designed to help people give up smoking.

The Chinese Give Up Smoking lozenges (18 £1.99) are made from Chinese herbs and plants. The lozenges are sucked as required. They are said to inhibit the urge to smoke if taken in place of a cigarette, and to detract from the taste of tobacco if a cigarette is smoked some time later.

The lozenges are also said to remove the lingering

bad breath associated with smokers and to leave a minty taste.

Health Aid say that tests have proved the lozenges

have no effect on the taste of food or drink, and no side-effects. **Distributors:** Pharmadass Ltd. Tel: 081-991 0035.

## Win a Tabu holiday!

Perfumery Agencies are offering the chance of a free Pontins holiday for up to six people on purchase of Dana's treble pack of Tabu.

The pack (£6.95) contains 150ml hand and

body lotion, 150ml foam bath and 50ml eau de cologne spray. Competition details are on the reverse of the pack. **Perfumery Agencies Ltd. Tel:** 081-646 0344.

## Feverfew renamed

Herbal Laboratories' Feverfew 125 has been renamed Tanacet Feverfew 125. This is because it contains only *Tanacetum parthenium*, the one species that contains the active ingredient parthenolide, which is responsible for the product's beneficial effects on migraine, says the company. It is also standardised to ensure each tablet provides a minimum of 0.2 per cent parthenolide. Each one-a-day tablet contains 125mg of feverfew leaf powder — the

recommended dose — and is suitable for vegetarians and vegans. Tanacet feverfew 125 comes in packs of 30s (£1.99) and 90s (£4.99). **Herbal Laboratories Ltd. Tel:** 0253 711814.

## High strength Galanol

Lifeplan are extending their Galanol range with GLX 1,000mg capsules. This contains 1,000mg evening primrose oil, obtained without chemical solvents, and with 10 per cent gamma linolenic acid.

Ganol GLX 1,000mg capsules are free from yeast, lactose, gluten, starch, synthetic colour, flavours and preservatives, say Lifeplan. They come in packs of 30 (£5.59) and 90 (£13.99), offering a 42.5 per cent POR, say **Lifeplan Products Ltd. Tel:** 0455 556281.

## Tudor adds Polaroid to range

Tudor Photographic have added Polaroid instant films to their range.

As an introductory offer, Tudor are giving a 10 per cent discount on their published price for Polaroid films, bringing prices down to £6.75 for singles in 20s and £12.83 for twins.

The Polaroid Studio Express system for passport photos will also be supplied. **Tudor Photographic. Tel:** 081-450 8066.

## Big Mini back on air

The national television advertising campaign for Konica's Big Mini resumed this week and will continue through the key Christmas buying season until December 22.

The advertisements on Channel 4 feature Kevin, whose success with the girls is almost entirely dependent on his Big Mini. The commercial is supported by point-of-sale material including badges, open/closed signs, posters, window and car stickers. **Konica (UK). Tel:** 081-751 6121.

# Rehydration for all the family



P3023

*20 Sachets or 40 tabs*

# Dioralyte®

Glucose BP Sodium  
Potassium Chloride BP Disodium  
Chloride BP  
Hydrogen Citrate BP\*

**TO REPLACE FLUID & ELECTROLYTE LOSS**

\*Sachets only. Tablets contain Anhydrous Glucose BP, Sodium Chloride BP, Potassium Chloride BP, Sodium Bicarbonate BP and Citric Acid Anhydrous BP.  
Full prescribing information is available from Rorer Pharmaceuticals Ltd, St Leonards House, St Leonards Road, Eastbourne, East Sussex BN21 3YG

**Calpol® Extra Tablets Product Information**

**Presentation:** Each pink tablet contains 500mg Paracetamol BP, 5mg Codeine Phosphate BP and 10mg Caffeine BP.

**Uses:** For the relief of pain and feverishness, associated with headaches, colds and influenza, toothache, period pains and rheumatic pains.

**Dosage and administration**

**Adults and children over 12 years:** 2 tablets up to four times daily. Not more than 4 doses should be

administered in any 24-hour period; do not repeat dose more frequently than 4-hourly.

**Contra-indications, warnings, etc**

**Contra-indications:** Hypersensitivity to any of the constituents.

**Precautions:** Use with caution in the presence of renal or hepatic dysfunction. No data are available on the use of Calpol Extra tablets in pregnancy and lactation.

**Side and adverse effects:** Side-effects with Calpol

Extra are rare in therapeutic doses. Paracetamol has been widely used and reports of adverse reactions are rare, and are generally associated with overdosage. Codeine may sometimes cause constipation on chronic usage.

R.S.P. £1.14 for Pack of 12 Tablets, £2.04 for Pack of 24 Tablets.

**Legal Category:** CD (Sch 5), P.

**Further Information:** Available on request.

\*TRADE MARK



**Wellcome**

# Extra, Extra, read all about it.



For years parents have trusted Calpol to give fast relief from aches, pains and fevers.

Now Wellcome offer that same effective pain relief for adults, with new Calpol Extra.

Each tablet contains paracetamol and codeine, both highly efficient analgesics which work quickly to soothe

away pain associated with headaches, colds, influenza, toothaches, period pains and rheumatic pains.

So, the next time you're asked for fast, effective pain relief recommend new Calpol Extra for adults.

After all, you've been trusting Calpol for years.

## Calpol Extra for Adults for fast, effective pain relief.

# Vichy introduce Temporalia cream

Vichy have launched Temporalia Anti-Time Day Care cream, which they claim is designed to act on the past, present and future condition of the skin.

The new cream claims to help cover existing lines and wrinkles, and moisturise and protect skin.

Temporalia is aimed at women aged 25 and over, say Vichy. The cream has a fresh, delicate fragrance and light, non-greasy texture. Temporalia comes in either a 40ml frosted glass jar (£16.25) or a 30ml tube (£12.75).

The active ingredients in the cream include vitamin E, UVA and UVB filters, actinidia oil, a lipocollagenic complex, a peptide derivative, a lipid complex and guanosine.

The ingredients, explains company pharmacist Cathy Holland, are positioned in three reserves: the first, vitamin E and the lipocollagenic complex, are in the walls of the liposome; the second, the peptide derivative, guanosine and hydrating agent, are in the



heart of the liposome, the third reserve comprising vitamin E, actinidia oil, the lipid complex and the UVA/UVB filter, is in droplets which are dispersed throughout the formula.

Temporalia is dermatologically tested and non-comedogenic. It will be merchandised in the special care section of the Vichy range and point of sale material has been designed to accommodate it.

Support includes a

merchandiser with consumer brochures, Press advertising starting mid-December, direct mail sampling and cross-sampling promotions in-store.

- Vichy have produced a "Pharmacist to pharmacist" technical dossier entitled "Time and the skin". Available to all stockists, the leaflet explains action of skincare products, and how Temporalia works. **Vichy (UK) Ltd. Tel: 0235 526747.**

## The Biggest Name in Medicated Lipcare

Wintry weather means customers with lip problems. Regular use of Blisteze, with its unique emollient formula will protect, condition and moisturise to keep lips supple and healthy.

And when cold sores strike, brand leading\* Blisteze will relieve the pain, fight infection and promote rapid healing.

**FOR COLD SORES,  
DRY LIPS, SORE LIPS,  
CHAPPED LIPS.**

\*Independent market research showed Blisteze to be the most used treatment for cold sores

## T-Gel conditioner for itchy scalps

Coming to the Neutrogena haircare range in January 1, 1992, is T-Gel conditioner, a "therapeutic conditioner" which has been developed to work in conjunction with Neutrogena's T-Gel shampoo.

Like the shampoo, the conditioner's formulation contains Neutar, a patented ingredient proven to fight itchy flaking scalps, say

Neutrogena. T-Gel conditioner has a refreshing herbal fragrance.

The new line (125ml £3.85) will be supported by a television campaign starting in February 1992 and will be sampled to both consumers and medical professionals, says the company.

**Distributors Roche Products Ltd. Tel: 0707 328128.**

## Clarins refine cleansing

Clarins have introduced a gentle exfoliating refiner into their cleansing range to meet the demand for a deep cleansing product suitable for all skin types which can be used once or twice a week.

Gentle exfoliating refiner (50ml tube £13) is a light textured cream containing two sizes of smooth microspheres produced from vegetal cellulose (to remove dry flaky skin) and polyamide polymers (for smoothing and softening).

The cream should be

applied to a dry or damp skin directly after cleansing, avoiding the eyes. The product will be available from late January 1992.

**Clarins (UK) Ltd. Tel:**

**071-629 1427.**

## Couture...

Bourjois have introduced the Couture collection of five lipstick shades (£3.25)

to their Classique range. The new shades include three neutrals — Tweed (soft almond), Alpaga (chocolate pink) and Taffetas (deep burgundy) and two brights — Organdi (true pink) and Galuchat (hurts orange).

**Bourjois Ltd. Tel:**

**071-287 3051.**

# Grafic gets a new style

The Grafic hair styling range from Laboratoires Garnier has been relaunched with new packaging and a new product, Grafic gel mousse, has been added.

The Grafic range currently holds the number five position in the UK's £128.5 million styling market with a 7 per cent market share, it is claimed. The aerosol products are ozone-friendly and all products contain UV filters.

The packaging redesign updates the presentation of the brand and redefines the three sectors within the range, namely: firm hold (styled), ultimate hold (sculpted), and curly, say Garnier. Additionally, more descriptive on-pack copy reinforces product quality and technological strength.

Garnier have also launched Grafic gel mousse (200ml, £2.59). This product "promises the texture and ease of application of a mousse with the hold of a gel" — a unique proposition in the mousse sector, says the company.

Grafic gel mousse is

targeted to the growing number of consumers who desire volume and body in their hair coupled with the strongest possible hold.



The main conclusions drawn from recent Garnier research is that the length of hair is increasing (41 per cent of 12-24 year olds described their hair as long versus 32 per cent in 1989). Some 64 per cent of women now specify a preference for a "natural looking" style and believe that the condition of hair is now of utmost importance.

The support package for the relaunch includes television advertising in the New Year. **Laboratoires Garnier. Tel: 071-937 5454.**

## Triple pack

Schwarzkopf have added a triple pack (£1.55) of instant hair revitaliser to their Gliss Corimist range. The product, packed individually in tubes, is designed to be used once a week in place of a regular conditioner. **Schwarzkopf Ltd. Tel: 0296 88101.**

## Stanley flasks

Retailers who stock vacuumware may be interested in the latest offer from Aladdin Industries. The company is offering six 1-litre Stanley steel flasks free with every 36 ordered. The offer is on all orders placed and delivered before the end of 1991. **Aladdin Industries Ltd. Tel: 0442 235858.**



## Unichem own label hairbrushes restyled

Unichem have relaunched their own label range of hairbrushes.

Redesigned in pale grey with dark grey handles, the brushes come in a variety of different styles and sizes comprising classic, vent, radial, cushion and styler brushes and afro combs.

The range is packaged in a boxed format and the products are sold in trade packs of 12. Prices are competitive, say Unichem. The large classic hairbrush has a trade price of £13.20 per pack of 12 and retails at £1.95 each. **Unichem plc. Tel: 081-391 2323.**

stevez  
REAM

## Natural beauty favoured by UK women

The natural look continues to be popular among British women — they are using make-up less regularly and less heavily, according to a new report from Euromonitor. A growing number are going for long periods without using any make-up.

In the UK colour cosmetics grew by 18.8 per cent between 1986 and 1990 at current prices to reach £380 million. However, in real terms the sector declined by 8.5 per cent, with a 4.3 per cent fall in 1990. In the cosmetics and toiletries market as a whole, colour cosmetics accounted for 13 per cent in 1990, compared with 16 per cent in 1986.

Women that do use cosmetics are more particular about the products they buy. They are more concerned about health and therefore cosmetics with moisturising action, sunscreens, those which are hypo-allergenic and for sensitive skin, have shown good growth.

Although grocers are snatching an increasing share of distribution (23 per cent), pharmacies (including Boots) still hold the lion's share with 35 per cent in 1990.

Usage of foundation is decreasing, says the report, but sales of face powders and blushers have held up. The only growth area between

1983 and 1989 has been lipstick — in 1983 65 per cent of women questioned said they had used lipstick in the last month compared to 71 per cent in 1989. Eye make-up has shown limited growth and the nailcare sector is static, and worth £48m in 1990.

Usage of face powder among 16-19 year olds has increased significantly, say Euromonitor. But in general, working women and those of higher social groups tend to use more cosmetics of all types, reflecting greater disposable income.

In terms of product sector, face make-up is the largest, with a 40 per cent share in 1990 and sales of £150m. This growth is partly due to a link being established with the skincare sector, through added moisturisers and sun filters.

The four dominant cosmetic companies in the UK are named as Boots (17 per cent), Max Factor (16 per cent), Rimmel (13 per cent) and Avon (9 per cent). Own label brands, including Boots, Marks & Spencer and Body Shop, account for 26 per cent of sales.

Advertising expenditure on the sector rose by 14 per cent in 1990 to £14.3m, with a 40 per cent increased spend on lipsticks at £2.1m.

For the future Euromonitor cite the 40-plus age group as the biggest potential growth market. Over the next few years



The latest offer from Laboratoires Garnier on their Ambre Solaire range is exclusive to independent chemists. The Ambre Solaire UV Ski Screen counter unit contains free handwarmers which are on offer to consumers with any two purchases from the range. The offer runs from November while stocks last. Each counter unit contains 32 UV Ski products and 18 free handwarmers. The handwarmer is activated by pressing a metal disc inside the liquid causing a chemical reaction which gives off heat for around half an hour. Laboratoires Garnier. Tel: 081-937 5454.

increased expenditure on packaging and advertising is likely to be seen in this sector, says the report. Sales of facial make-up are predicted to reach £163m in 1992 and lip products £85m. **Make-up and Colour Cosmetics — the International Market.** Euromonitor. Tel: 071-251 8024.



## Mime on the counter

Höfels have introduced new point-of-sale material for their range of garlic pearls.

It consists of a merchandising unit which holds six packs each of the original, neo-garlic and Cardiomax garlic pearls, together with six packs of the odourless garlic with parsley tablets, all in a 30 capsule/tablet presentation. It will also take four packs each of the 90 capsule/tablet packs.

The two tier unit can be used either for counter display or adapted for shelving. The Höfels mime artist is strongly featured on both the merchandising unit and the showcard.

Also available from the sales force are sample packs of five days supply of Höfels neo-garlic pearls which

## Sharp profits on Profile in Unichem offer

Unichem and Wilkinson Sword have teamed up to offer pharmacists 10 free Profile Metal razors with every case of Profile Aquaglide blades. "The New System for Profit" promotion has been developed to hit the £100 million wet shaving market where Wilkinson Sword holds a 26 per cent razor handle market share, say Unichem.

Pharmacists ordering cases of Profile Aquaglide blades, fixed or swivel (5s or 10s), will receive a free case of 10 Profile Metal razors worth £25.

The blades are also available at a trade offer price: Profile Aquaglide blades fixed 10s (pack 20×10) is available at £46.07 (normal trade price £51.19). Unichem plc. Tel: 081-391 2323.

## Soothe tired feet...

Following on the heels of their recently launched haircare range, Morphy Richards have introduced a lightweight foot massager.

The unit has a foot shaped arch rest and is designed to put new life into tired and aching feet. It can be used with or without water to either massage or soak and soften the skin. A thermostatically controlled heating system maintains the water at an even temperature.

Six different settings offer the choice of heat only, massage only, or a combination of both can be used on either of two speed and two heat levels.

The PC910 is manufactured in grey. It comes fitted with a plug and is priced at £27.99. **Morphy Richard Consumer Electronics Ltd. Tel: 0709 585525.**

## On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSB British Sky Broadcasting	G Granada	STV Scotland (central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
		TT Tyne Tees
<b>Brylcreem Sensus:</b>		C. TTV
<b>Colgate, Actibrush:</b>		All areas
<b>Colgate, Great Regular Flavour:</b>		All areas
<b>Cream Silk:</b>	All areas except TV-am	
<b>Dimension:</b>		All areas
<b>Kyomi:</b>	All areas except TV-am	
<b>Lynx Roll-on:</b>		All areas
<b>Minadex:</b>		TV-am
<b>Nurofen &amp; Nurofen Soluble:</b>		All areas
<b>Orbit &amp; Orbit Extra:</b>	A, TSW, LWT, TTV	
<b>Radian B Mineral Bath</b>		G
<b>Sanatogen:</b>		All areas
<b>Seven Seas Pure Cod Liver Oil:</b>		All areas
<b>Timotei shampoo:</b>	All areas except CTV, Y, TVS & C4	

come in display outer of six packs.

The £1 million promotional support being put behind Höfels will include a new Press campaign scheduled to start after Christmas in selected women's interest magazines. **Seven Seas Healthcare Ltd. Tel: 0482 75234.**

## Sabona

Sabona of London have a Christmas offer on their copper bracelets, among other products. Order 24 Sabona copper bracelets or ten gold-plated bracelets and receive one free gold-plated Sabona bracelet. **Maddox Health and Beauty. Tel: 081-883 1009.**



nelsons  
HOMOEOPATHIC  
TEETHING GRANULES  
MARGIN 40%  
1990 SALES UP 25%  
STOCK IT  
AND SEE



# Launch deals on Rhymers baby care

Rhymers, a co-ordinated baby care accessory range, is now available through distributors SMI. There are some 70 products in the range with prices ranging from £0.83 for soothers to £4.39 for a pram rattle.

Rhymers offers quality products in eye-catching, co-ordinated packaging, across a number of specific baby product areas, say manufacturers Thomas Cork. These include

soothing and teething, bottles and teats, feeding, rattles and toys, safety and health, grooming and textile products. Compliance to British Standards has ensured that mothers can buy with confidence, says the company.

Thomas Cork are offering special deals to the chemists during the launch period including free floor merchandising units (4ft, 1m or 2ft) with opening parcels

of stock, low minimum order quantities and a wide variety of packages including free stock deals. A free pack of feeding bottles is offered on orders of Christmas toys, worth about 10 per cent of the order value. Likewise the feeding equipment package comes with a free selection of fast selling toys. Most lines are blister packed and carded for hanging.

**Distributors SMI Ltd. Tel:** 0562 825100.

## Discover Today campaign

"Discover Today, or whenever you want" is the strapline for a new series of four advertisements for Carter-Wallace's Discover Today.

The campaign will put £200,000 worth of support behind the brand and will feature advertisements in leading, high circulation, newspapers including the *Sun*, *Daily and Sunday Mirror*, *Today*, *Independent*, *The Guardian* and *Evening Standard*. The company estimates it will reach around two million women between the ages of 18 and 30 years. **Carter-Wallace Ltd. Tel:** 0303 850661.

## Pampers Phases 'change with baby'

Procter & Gamble are introducing Pampers Phases, heralding this as a revolutionary new consumer idea — as big as Pampers boy/girl nappies.

Pampers Phases offers consumers "nappies that change with your baby". The four phases are: newborn, baby, mobile and new junior.

• Newborn is a new size created for baby's first few days. It is ideal for mothers to take to hospital because it is unisex, say P&G. The "micro" size nappies are suitable for babies up to

3.5kg (8lbs), and feature a special cut-out notch.

- Baby comprises the existing mini and midi sizes, which have a new feature — additional leakguards.
- Mobile comprises the maxi and maxi plus sizes, and these too, have a new feature — extra wide tapes.
- New junior includes another new nappy, the junior size — a bigger nappy with a narrow design between the legs.

P&G believes Pampers Phases offer retailers an opportunity to grow their volume and profit. The company will be supporting the launch with a spend of over £5 million in just 16 weeks: over £3 on each mother who uses nappies. **Procter & Gamble. Tel:** 0784 434422.

## Unichem's throat lozenge added

Unichem are extending their range of cold remedies with the addition of antiseptic throat lozenges (£0.85 per pack).

The new lozenges will be available in three variants — cherry menthol, lemon, and menthol and eucalyptus. They are suitable for adults and children over five years to help soothe painful sore throats, and complements the company's range of soft pastilles.

They are available at a trade price of £6 for an outer of 12, giving a PDR of 37.8 per cent, say Unichem. **Tel:** 081-391 2323.



## Four month link between Togs and C&G

A four month national promotion on Swaddlers Ultra Togs disposable nappies is due to run from December.

A link between Ultra Togs and Cow & Gate baby foods offers consumers a free jar of Olvarit and money-off vouchers every time they purchase a pack of infant

Ultra Togs nappies. All promotional packs will be clearly marked with a multicoloured sticker.

Swaddlers say they are delighted to be linking with such a growing brand and hope to announce further links in the future.

**Distributors Jenks Group. Tel:** 0494 533456.

## A sound offer from Clearblue One Step

Unipath, makers of Clearblue One Step home pregnancy test, are continuing their well-woman educational programme with an on-pack offer.

For a limited period customers will receive free a "Getting to know your body" audio cassette attached to the Clearblue One Step double test pack. This offer is exclusive to independent pharmacists.

The audio cassette is hosted by Anna Raeburn

and answers some of the most frequently asked questions raised by consumers, concerning the issues of women's health. For pharmacists it allows them to offer a tangible, professional and educational free item which complements their ethical image, say Unipath. Consumer booklets entitled "Getting to know your body" are available free to pharmacies. **Unipath Ltd. Tel:** 0234 347161.



## New Dettol soap

Reckitt & Colman Products have introduced a new improved Dettol antiseptic soap. The 100g tablet (£0.49) is now a delicate cream colour scented with a light and refreshing hint of pine. The texture has been improved, giving a softer, creamier lather. The formula still contains active germicides. The wrapper features a "New improved" corner flash for easier on-shelf identification. The tablets come shrink-wrapped in cartons of 24. **Reckitt & Colman Products. Tel:** 0482 26151.



In an educational initiative Farley's are directly targeting Asian mothers-to-be and new mothers. Two booklets, published in four Asian languages — Urdu, Gujarati, Punjabi and Bengali — as well as in English, are now available. The first, entitled "A healthy pregnancy", offers advice on maintaining health and fitness through diet and exercise during this period; the second "Feeding your baby", provides guidance on both breast feeding and bottle feeding. Crookes claim Farley's are the first infant formula manufacturer to provide such comprehensive information in the native Asian languages. Copies of the booklets are available on request. **Crookes Healthcare Ltd. Tel:** 0602 507431.

# TARGETS THE PAIN, DELIVERS THE PROFIT.



Cuprofen's success comes from targeting all sorts of aches and pains fast and effectively.

It's a success that has been helped by new pack sizes, eye-catching design and convenient blister packaging.

And from November through until March a new consumer campaign in national and women's press guarantees that it's a success that will continue to grow.

Cuprofen is available from Cupal representatives and all major wholesalers. So stock up now, you might miss your own targets if you don't.



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STOP PRESS . . . STOP PRESS  
**SALES UP 66%**  
YEAR ON YEAR

# Pharmacists are 'most accessible'

The willingness of the pharmaceutical profession to practise in the market place was applauded by the Lord Chancellor, Lord MacKay, last weekend.

Speaking at the Royal Pharmaceutical Society's Scottish Department sesquicentennial banquet in Edinburgh, Lord MacKay noted that community pharmacists are the most easily accessible health professionals available to all of the general public. "They offer the public choice and facilitate individuals to be responsible for their own health in the knowledge that professional advice and guidance is always close at hand," he added.

Looking at the debate on pharmacy's future role, Lord MacKay pointed out that Scotland has led the way by removing the connection between drug costs and remuneration, thereby removing any financial obstacles which might have intruded between the GP and the pharmacist. "Community pharmacy practice is dynamic and responsive to change, and I have no doubt it will respond to society's wish to see delivery of health care shift from institutional care, to care in the community."

Responding to the Lord Chancellor's toast to the Society, its president, David Coleman, looked forward to the contribution

pharmacists can make to achieving the Government's health targets. For too long NHS pharmaceutical services have been seen as supply services, he said, but today's more effective medicines require that the people using them are given expert advice on how to achieve maximum therapeutic benefit and avoid

untoward side effects — advice that can even be more important than the medicine itself.

With a pharmacy in a rural area, Mr Coleman noted that Scotland shows that, given the opportunity, pharmacists can provide a broad pharmaceutical service to residents in all areas — as has also been

demonstrated in countries like Sweden, Denmark and New Zealand, all of which have more widely scattered populations than England.

"We look forward to the opportunity to provide that service as the Society looks forward to the 21st century."



The top table at the Royal Pharmaceutical Society Scottish Department's banquet in Edinburgh last weekend (from left to right): Gordon Hourston, managing director, Boots the Chemists; Graeme Millar, chairman, Pharmaceutical General Council; David Coleman, president, Royal Pharmaceutical Society; the Lord Chancellor, Lord MacKay of Clashfern; Dr James Bunney, chairman of the Scottish Department; John Ferguson, secretary and registrar, RPSGB; Andrew Watson, chairman, Scottish Pharmaceutical Federation; Graham Calder, chief pharmacist, Scottish Home and Health Department; Professor Mike Richards, head, pharmacy department, Robert Gordon Institute of Technology; Dr Gordon Snail, head, pharmacy department, University of Strathclyde; and Professor Alan Thompson, parliamentary advisor to the PGC

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New Femigraine is today's answer to migraine. Pleasant tasting and totally soluble, Femigraine has a special formulation of powerful ingredients to relieve headache and reduce nausea. We're launching it this Autumn with a massive women's press campaign, followed by a TV commercial. The message is simple... for migraine get Femigraine. Make sure that you've got the stock to meet the demand. That way you'll avoid any headaches.

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# 85%\*

## BEAT SMOKING WITH NICOBREVIN. BE A FRIEND AND RECOMMEND IT.

From a recent marketing study\* of Nicobrevin users, 85% reported that Nicobrevin was successful in helping them to give up smoking. What's more, 95% of all users would recommend Nicobrevin to their friends.

That's why you can be a friend and recommend Nicobrevin to your customers.

### A clinically proven success story.

A clinical trial proved that Nicobrevin was significantly superior to placebo as an aid to stopping smoking. 62.5% of patients taking Nicobrevin stopped smoking compared with 30% on placebo ( $p<0.01$ ); another reason to recommend Nicobrevin with confidence.

- Four active ingredients reduce the craving for cigarettes and help counteract nicotine withdrawal.

### Non-addictive and nicotine-free.

Because customers are recommended to stop smoking immediately, they are nicotine-free and cigarette-free from Day 1.

### All the help they need for a month-in one pack.

Each pack of Nicobrevin contains everything the customer needs to give up smoking, offering support when it's needed most - all for a RRP of £9.95. That's less than the cost of a week's cigarettes.

- Enough easy-to-swallow capsules for the full 28 day course.
- A concise day-to-day dosage regime plus detailed advice leaflet.

### Continued support for increased demand.

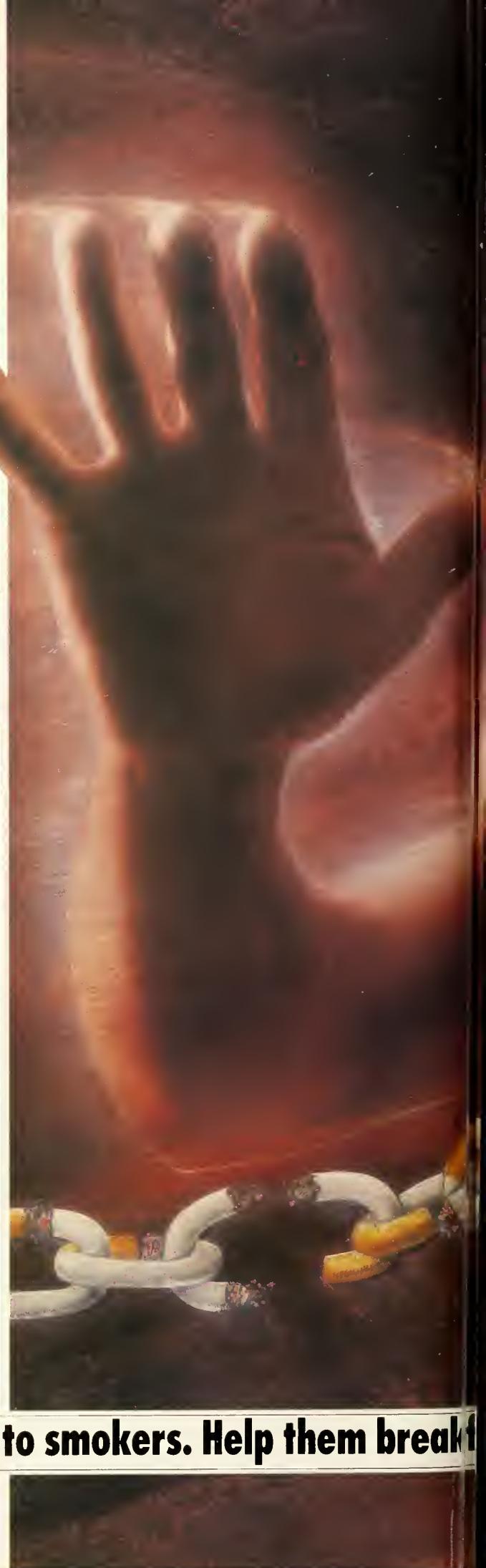
From December, Nicobrevin has a heavy-weight Advertising campaign, including peak "stop-smoking periods" to bring customers to you.

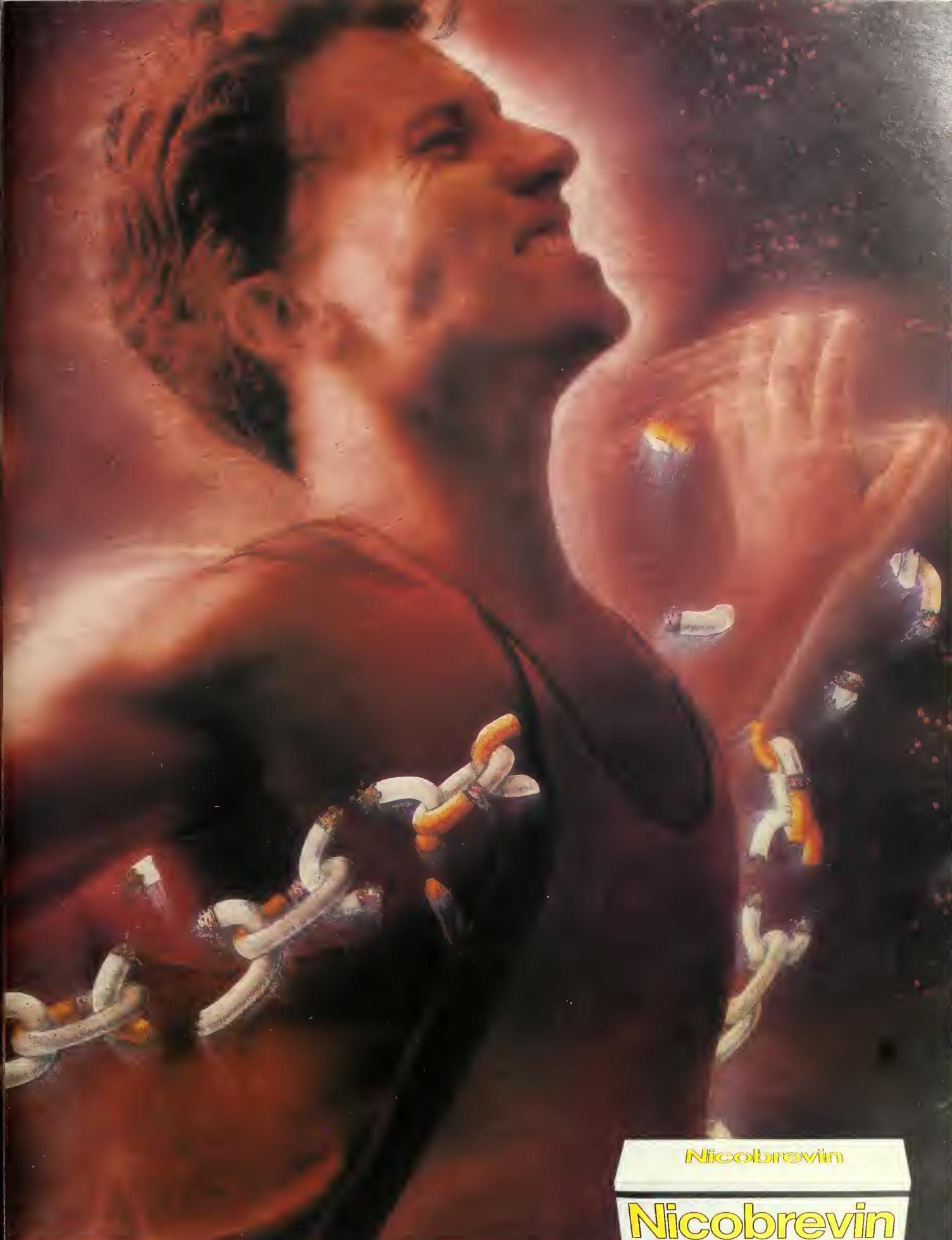


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## Be a friend to smokers. Help them break it.





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## Sanatogen proudly announce their £1 TV campaign.

Last year's television licence stamp offer was the most successful Sanatogen promotion ever. So we're running it again.

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# Numark's new spirit



Numark staged an 'at home' event at Birmingham's new International Conference Centre and attracted over 1,000 visitors to take part in workshops, hear and meet the Numark management team and enjoy a special pharmacy exhibition.

"We realise that not all our members wish or are able to join in our international conventions," explains managing director Terry Norris, "we therefore wanted to be able to offer them an alternative event in the UK".

Numark used the event to make a number of announcements, including a 1992 study tour of the Far East, a 2.5 per cent discount on their EPoS system's hardware before the end of March and expansion of the Numark finance scheme.

He also announced plans for Numark to expand their links with the Association of Women Pharmacists, Community nurses, schools of pharmacy and BPSA — particularly its pre-registration group, "Improving our links with these groups will benefit community pharmacy as a whole," Mr Norris told members.

Mr Norris also announced an increase in the retail members' annual membership fee — up to £150 a year, though associated discounts on Numark own brand lines to be bought in at the same time are intended to give committed Numark members the opportunity to recoup this increase.

Numark marketing manager Trevor Davis puts particular emphasis on the development of Numark's own brand lines. "Own brands are a uniquely British concept," he insists; "they average some 25 per cent of all retail brands in the UK and the figure rises to 40 per cent in major supermarkets".

He said Numark's strategy was to provide own brands that are higher in specification, better in presentation and priced more keenly than the competition.

"Eventually we intend to have a complete baby range on a par with Mothercare," he said. In 1992 Numark will be providing a new feminine hygiene range in own brand, while paper products and plasters are to be "re-vamped".

Some 39 new own brands had been added to the Numark range and this will be accelerated in 1992.

Exhibitors on the floor of the exhibition were generally pleased with the day, though the Jenks Group described it as "in-betweeny". "There are a lot of people here," *Chemist & Druggist* was told, "but a lot of them have done their special orders at Chemex already".

Mars were present, not only with Tunes and Lockets but with a limited range of confectionery for pharmacies. "Those who object on ethical ground are few and far between now," *Chemist & Druggist* was told.

Mediphase was a very popular exhibit and visitors were leaving the stand for a special demonstration regularly and in numbers.

Elida Gibbs said it was a very enjoyable exhibition — "it's nice to be part of the first national event of Numark".

Numark's finance package has been expanded by adding a new option for financing pharmacy modernisation. Galen Finance will offer funding for pharmacy refits and other enhancements such as EPoS systems. The new element is intended to complement the existing scheme which only offers loans upwards of £50,000. Numark

Over 70 of Numark's suppliers took part in the Sunday at Home exhibition offering special deals and discounts



has also joined the National Association of Chain Drug Stores, NACDS, as an international information exchange resource. The group provides specialist publications, trade shows, seminars and training programmes.

Numark's 1992 study tour will be an opportunity for members to assess first hand the pharmacy industry in Australia, Hong Kong and New Zealand.

With a chill economic wind still blowing across the UK economy shopfitting may be taking a back seat in the minds of many retailers. But shopfitters are responding to the conditions with greater emphasis on value for money and preparation for good times ahead, as *C&D* reports

# Shopfitting in a cold climate

Whatever the optimistic sounds from Government and other sources, for most High Street retailers the recession is still very much a reality. Many will simply want to batten down the hatches and postpone any major expenditure until trading conditions eventually become easier.

Rightly or wrongly, shopfitting is seen by some as an area where, if economies cannot be exactly made, financial outlay can be postponed.

Yet who will want to accept the inevitable disruption to trade once business is buoyant again? This can be seen as a time for those that do have the resources to plan ahead to make the most of a business's retailing potential when the economy finally picks up.

Hence for some it is time to invest for the future. An illustration of such an investment is a contract recently awarded to Dollar Rae by Scott Chemists.

Scotts have two branches in the New town of East Kilbride. One is located inside the main Olympia shopping centre, extends to almost 2,000sq ft, and was fitted out by Dollar Rae when Scott's acquired it 18 months ago. An older outlet, opened nine years ago, has street frontage to Brouster Gate at the entrance to the shopping malls, but is half the size.

A year after that first branch was established Savory & Moore opened up in the next door unit. However, Scotts have now acquired it and are striping out and refitting both units to create a single 1,800sq ft pharmacy.

## NHS Contract

The acquisition of the Savory & Moore outlet means the new pharmacy will have an NHS contract — something the original Scott chemists in Olympia has not been able to achieve.

Without the contract the Olympia business has concentrated on OTCs and Dollar Rae had designed a retail operation built around perfumes, cosmetics, mens toiletries and a photo minibar. With the addition of the Savory & Moore business, however, the brief is to create a distinctive healthcare centre in which counter trading is ancillary to the professional role of the pharmacist.

The dispensary itself will feature a purpose-built reception centre with an adjacent waiting area furnished with seating and containing bulletin boards and information points. The actual dispensing area is open plan, while next to it is a discreet consultation unit equipped for the fitting of prosthetic aids and for blood pressure and cholesterol testing.

For Dollar Rae director John Hilditch installing the new pharmacy in the shell of the two originals is "almost a matter of routine by now," and he particularly welcomes the brief for the creation of such a community centred pharmacy. "This is where the future lies for many independents," he says.

Keeping an eye on investment costs can be vital while money is tight, and one tool to help do this is operated by Planova. The company's specialised computer aided design estimating system potentially gives the pharmacist a clear picture of what a refit may involve in the case of his or her particular store, and hence allows realistic estimation of the costs.

Planova regard it very much as an extension to their existing design and



Courtesy of Dollar Rae

## SCOTT CHEMISTS

operations facilities. Detailed surveys can be quickly created on CAD form site information received either by modem, floppy disc or as hard copy drawings.

Shelving profiles can be recalled, drawn and inserted on plans from a standard library of alternatives and where required, specially designed profiles can be constructed from the database. It is about flexibility, too: Planova say the system allows them to provide a rapid response to ideas not only in the initial design stage but for any subsequent modifications.

## View in 3D

Completed designs can be viewed on screen in 3D and hard copy full colour plans generated. In essence, the system offers the company's customers a comprehensive insight into the finished effect of their proposed shopfitting project.

At any stage of the design a full component listing and costing can be made, ensuring absolute accuracy in both, says the company.

The opportunity to relocate to a prime site is an unanswerable reason to refit a premises and when D.A. Roberts Pharmacy decided to move to purpose built premises

in Brighouse, West Yorkshire, storefitters ZAF were brought in to design and install a community pharmacy which could serve a high volume script business, offer a consultation area and make the most of front of shop sales opportunities.

ZAF's design solution has been to provide two well lit covered entrances, each with double doors and ramps for mothers with buggies and disabled customers.

The colour scheme is blue, peach and cream. Cream gondolas and wall units are set on blue and peach carpet, while the suspended ceiling with its grid of fluorescent lights is white.

The aisles are spacious for free customer flow and a large purpose-designed tiered medical counter is identified by an overhead prescription sign. P medicines are displayed at eye level behind this counter, which also has the two prescription collection points.

There is a children's play area and a customer seating area displaying leaflets and community notices.

Prescriptions are processed using two computer points in an open plan dispensary and there is a private consultation room for the increasing ethical activity becoming part and parcel of the pharmacist's role.

Numark Management have their



Planova's CAD/estimating system enables detailed surveys to be created

relatively new Retail Concept to develop and their most recent development is its pharmacy consultation areas. It should be of particular benefit to pharmacies where space is limited, say Numark. The new consultation areas continue with the principles, colours and design of the original Retail Concept.

It consists of a screened section adjacent to the dispensary but separate from it. The screen gives the customer privacy but leaves the pharmacist accessible to other shoppers and able to continue his supervision of ethical sales.

Significantly, research conducted by the voluntary trading organisation showed that many customers are shy of the idea of a completely separate room for consultation; they feel this amounts to a public admission that they want help on a private and embarrassing matter, says retail development director David Wood.

The dispensary and consultation area are



The prescriptions counter of D.A. Roberts Pharmacy, refitted by ZAF, has two computer points

recommended status. Familiarity with the company and its work plus the recommendation of some 12 Scottish NPA members backed up a request to the NPA's board of management that there should be a Scottish recommended shopfitter. Following recommendation, the head of pharmacy planning at the NPA Ray Todd has advised Store Design on the pharmacy content of their showroom and conducted a seminar of key staff to keep them abreast of the latest planning and logistical techniques necessary for pharmacy design.

Innovation is important in shopfitting and one company which makes a feature of it is BFN Storefitters, the makers of the Showrax range of shopfittings.

On the management side, the company been introducing a national chain of independent distributors since August. "We believe retailers will be looking for more competitive packages in the 1990s," says managing director Geoff Hilton, alongside the requirement for a more flexible approach and much broader range of related equipment and services than was previously provided by our direct sales force. The company is emphasising more competitive prices, a one-stop shopfitting service, more localised control over each project from the area distributor (also responsible for the installation activity).

Equipment innovations from BFN include a restyled shelving system. In addition to marketing the Myers dispensary system, Showrax have redeveloped their shelving and display systems and have given them a wider colour selection and variety of trim styles, along with patterned and textured finishes.

A new compact drawer system was added to the range in June for OPDs, said to require just 20 per cent of the lateral length of traditional shelving.

## Leasing scheme

Conscious of the economic climate, BFN have just launched a leasing scheme in conjunction with Amalgamated Finance & Leasing. This could be the best method of financing a shopfitting or refit project in a recession, believe BFN. The company have published a guide to the subject of leasing specially aimed at small retailers. Equipment leasing plan presents 10 arguments on why to lease, which include keeping your capital free, beneficial tax relief and choice of payback period.

Pandalin Automation are a new company formed to produce vertical carousels. The company's standard range has a maximum payload of 6,000kg with carrier capacity from 100kg to 350kg. All the major structural components are made from laser profiling to give vibration free rotation.

Nottingham based Kind Retail Interior Systems have introduced a display system which they claim provides stores with

individual designed displays without designer price tags.

The new modular RIS system is offered in a standard range of colours, co-ordinated accessories and shelving options of metal, glass and wood. For pharmacies the company offers a range of basic components, shelving and glass cabinets. A wide choice of colours is available.

A stand for highlighting perfumes and cosmetics and small electrical goods such as hairdryers has been launched by Display, Development and Marketing. The Hexaflex has a clear acrylic lid which allows goods to be displayed but discourages handling. It manufactured from white corrugated fibreboard.

Frameless showcases in 6mm toughened safety glass and with sliding lockable doors are being marketed by Fairfield Displays. The range includes showcases, counters, wall-mounted and counter top units.

Meanwhile, Abbot Products have launched a slatted panel fittings and accessories — the Pegwall range. The fittings will fit most makes of slatted panel, say Abbott, and can be colour matched with the company's existing slatted panels gondolas and showcases.

## Slotwall specialist

Spacewall describe themselves as the only UK specialists in the slotwall display system, and claim their system maximises display space while creating an attractive and cluttered environment.

The system consists of a series of panels with horizontal and vertical inserts. The channels hold a variety of fittings and accessories for displaying almost any kind of merchandise, says the company.

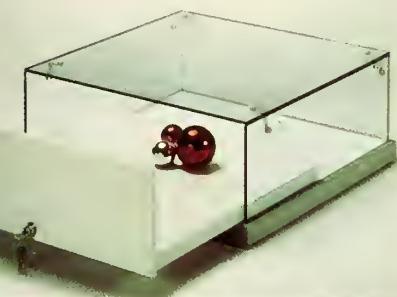
Storage equipment specialists Apex Storage Systems and Lista (UK) have signed a supply agreement whereby Apex will market the full range of Lista products in the UK. In addition to their core products, Apex's salesforce is therefore handling Lista drawer system, tool storage units, workbenches, workstations and Megamat storage carousels.

Astabridge have been kept busy doing work for the updating and refurbishment of Savory and Moore stores. The style is sycamore veneer and polished aluminium counters, manufactured by Astabridge; there are some 175 stores in the Savory and Moore chain.

A new range of dispensary units from Plumline display is planned to be launched by the end of the year. The new adjustable shelf and counter units feature interchangeable components and include both floor and top standing models for maximum utilisation of available space. There is to be a full range of divider systems, says the company.

The units are made from melamine faced

continued on p804



Fairfield's 007 range of units are said to be ideal for cosmetics

open plan in design, though an end panel separates the consultation area from the dispensary and displays information and advice leaflets. A fold down seat is provided for use by the elderly or unwell.

## The Europeans

While British pharmacy design is distinctively different from the premises of continental colleagues, many recognise European design ideas can bring a fresh and practical character to today's pharmacies. H&H Systems, started by Two Austrian brothers a score or more years ago, are particularly proud of their Tuttomic roots.

The company's storage system was created by the two brothers when they looked for a system for their Austrian pharmacy which would allow stock to be sensibly divided yet not interfere with stocktaking. Unable to find such a system they devised their own.

The system became popular in Austria and then more widely in Europe and later still in the USA.

The high density storage system consists of semi-rigid plastic dividers attached at one end to an aluminium or plastic rail, fixed in turn to the drawer, tray or shelf. This allows the dividers to be moved along the rail to increase or decrease the space required in a section. Additional compartments are created by adding a further divider.

The divider system is said to provide space savings of up to 30 per cent and combined with the H&H drawer systems space savings of up to 70 per cent are possible, say the company.

The dividers are also available with stock card pockets for stock management.

For shopfitting in the pharmacy world NPA approval is reassurance that a company knows and can deal with the specific shopfitting challenges associated with pharmacy. The first Scottish shopfitter to get NPA recommended status is Store Design Havelock.

The company has been in business in Scotland for a number of years but it was not until last Summer it decided to seek NPA

continued from p803

chipboard with laminated work surfaces and edges. The main counter units for dispensary comprise solid, glazed and stepped models with glass fronts and plastic edges in a variety of finishes, colour schemes and combinations. The system is also expected to incorporate a range of interlocking shelf planks, brackets and uprights.

A comprehensive range of dispensary fittings are also being marketed by Retail Design Systems. This features bottle storage units, drawer sections, special container shelves and waste bin sections. The modules allow for a variety of combinations to meet individual requirements, says the company. The units are available in a choice of colours and are supplied ready assembled.

RT Display Systems' Newline counter and showcase system were recently incorporated in the refit of bounds the Chemist in Seaford, East Sussex. The Newline modules were used to create the display cases and main dispensing counter, plus a large quantity of discreet storage drawers. To make the most of the space a corner unit into a run of floor to ceiling cabinets fitted along one side of the shop. The Newline system of aluminium extrusions are available in angular or rounded profiles in a choice of colours and finishes, including wood veneer.

Sintek are establishing a network of approved shopfitting contractors to handle the supply, installation and service of the Stockflow and Rombic range of pharmacy fittings. Acorn Shop Equipment are the first of these suppliers and are responsible for the north west region. Sintek reason that matching local pharmacy services with community needs in relation to the retail/dispensary environment needs a close planning dialogue between pharmacy and designer — hence regionally based shopfitting and design services.

Barshop displays have been keeping busy installing new retail and dispensary systems in two Anglia Regional Co-operative Society pharmacies. Both installations employ the company's latest Astore modular counter and display cabinets. The dispensaries included all the special fittings and equipment required, including bench units, sinks, pill bottle dispensers and otc dispensing units.

Retail display areas employ modular shelving in grey high-gloss laminate and gondolas with wrap-round ends, with light oak trims. Perimeter fixtures incorporate



Retail Design System's modular dispensary system allows for a variety of combinations

solid fascias; the counters support glass storage and display units.

This year Beanstalk have introduced a continental drawer system for retail pharmacy. The main benefits are said to be high density storage, operational efficiency, and integrated medicine management control. The vertical columns of drawers are normally around two metres high, and the option exists for the drawers to be inbuilt into dispensary base units.

As to shopfitting itself, Beanstalk have been active on behalf of Leonard McAllister of Burells, Montrose, when he bought out his partner and recognised it was time for a revamp of his up-market but traditional pharmacy.

Apart from anything else, the profile of the business had changed. A photolab had been added and the steadily increasing script turn had levelled out at around 4,000 a month. In essence this 1805 pharmacy had become too small for the business it was doing. Moreover, Mr McAllister also did not want it to compete with his second pharmacy, some 500 yards away, which specialises in baby clothes and has more the

style of a traditional pharmacy.

Beanstalk's design overcame this with the inclusion of a four bank, two metre high by one metre deep continental drawer system. This effectively increased the floor space in the dispensary by over 40 per cent and prepared the pharmacy for the onset of OPD.

Backed up by a front of shop layout allowing for linked sales, browsing, impulse buys and promotions in a bamboo-colour and blue colour scheme, the pharmacy also has been kitted out with ash wall perfume cabinets, modern counters and carpets, while the ceiling line has been broken by dropped soffit arms incorporating low voltage lighting.

Shortly before opening a new showroom at their Milton Keynes head office earlier this year, Click systems expanded their range with the introduction of a sealed glass display case, Clam. It is free of mechanical features and is described as suitable for permanent or semi-permanent displays.

Pennant produces over 200 acrylic displays for window and in-store use.

The company is experienced with Perspex and Pexiglas and can offer special designs to customers' individual specifications, including accessories for slatted wall systems.

Security is always something to bear in mind and convex security mirrors are a time-honoured way of keeping an eye out for pilferage. Volumatic are offering Polymirrors, made from the same material as anti-bandit glazing.

They are said to be designed to withstand the impact of a house brick without damage. Three models are available, all 24 in diameter but with differing degrees of convexity.

At a more sophisticated level the company are also marketing install-it-yourself video surveillance kits. Designed to bring the price down, the manufacturers claim that any competent DIY enthusiast should be able to fit a two camera system within two hours.

Esselte Meto are introducing to the UK a photo-alarm security system for premises protection which is said to have been successful on the continent. On entering the protected zone a beep sounds, encouraging the intruder to turn and face the camera — he is then photographed. Known as the System 700, the anti-intruder device is microprocessor controlled and the day and time of the three most recent alerts can be accessed to provide additional facts surrounding an illegal entry.



Newline display systems are available in angular or rounded profiles and a choice of colours

# £3,000 on offer in Shop Design Awards

There's still plenty of time to enter the 1992 "Fit for the Nineties" Shop Design Awards co-sponsored by *Chemist & Druggist* and Whitehall Laboratories. There is £3,000 to be won in the two categories, and the only qualification is that the refit of all or part of your pharmacy will have been completed between April 1, 1990 and December 31 this year.

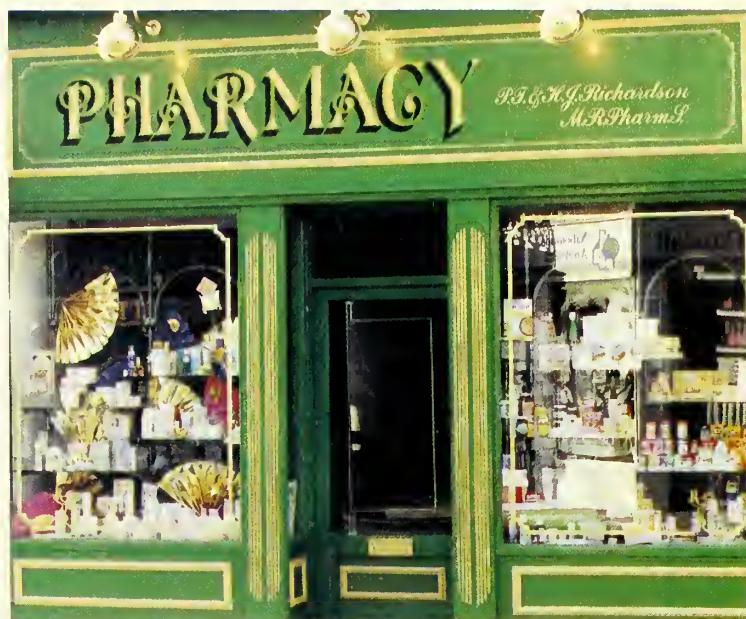


Last year's winners J.N. Murray made a feature of a wooden walkway

The winners of the first Awards last year reflected the diversity of community pharmacy. Overall winner J.N. Murray of Barrow-in-Furness used quality materials in an enlarged shop and pharmacy area, with a feature wooden walkway. The judges felt the refit took full advantage of the extra floorspace to achieve the aim of providing a better organised and merchandised shop environment and a more efficient dispensary, to reflect the increasing importance of pharmacy in the community.

A new storefront won the partial refit category for P.T. & H.J. Richardson of Filey. Their period-style pharmacy fascia — designed to move them upmarket — featured brass lamps and dark green paintwork with gold relief and lettering. The judges were certainly impressed; so are the customers!

Now the hunt is on for similarly innovative designs. And as well as the prizes, we will, of course, be passing on the best ideas through *C&D* to help improve the image of pharmacy as a whole.



This upmarket fascia won P.T. & H.J. Richardson the partial refit category

## Categories

1. New pharmacy shopfit or major pharmacy refit involving at minimum the full sales area. Entrants must describe in no more than 300 words the main objectives of the refit and how they were achieved and back up their submission with photographs, illustrations and plans where possible. Judges will, in particular, be looking to see how services and merchandise are matched to customer type/locality through cost-effective solutions.
2. Partial refit or extension of pharmacy involving the shopfront; dispensary; special sections of sales area; consultation area; or conversion of non-sales area to trading venture, etc. Entrants must also describe in no more than 300 words the main objectives of the refit explaining how they were achieved, backed up with photographs, illustrations and plans where possible.

In both categories judges will match execution of plan with objectives, with particular emphasis on innovative solutions to problems.

## Entrants

1. Shopfitters (in conjunction with planners where appropriate, eg wholesalers).

2. Pharmacy owners/managers.

Closing date for entries to be January 31, 1992. Refits must have been completed in period April 1, 1990 to December 30, 1991. The entry must include category, full name, address and telephone number of both pharmacy and shopfitter and reach *Chemist & Druggist*, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW, by January 31, 1992.

## Prizes

Either shopfitter or proprietor/manager (with owner's permission) can make an entry. The prizes awarded will be:

1. £1,500 for winner of pharmacy refit; £500 for runner-up with plaques for both. Shopfitter to get a certificate and right to use competition emblem in advertising, etc.
2. £750 for winner of partial pharmacy refit; £250 for runner-up with plaques for both. Shopfitter to get certificate and right to use competition emblem in advertising, etc.

All entrants to get certificate of entry. *C&D* has the right to publish entries. All entries to be returned.

## Judging

Judging will be in February, 1992 with the winner announced in *C&D* by April 30.

*C&D* Editor to act as non-voting chairman of a four-person panel drawn from the pharmaceutical profession and shopfitting industry.

**Entry forms from Whitehall Laboratories Representative or the Editor, *Chemist & Druggist*, Benn Publications Limited, Sovereign Way, Tonbridge, Kent TN9 1RW. Tel: 0732 364422.**

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## 'Have you been taken over by a symbol group?'

When Sandy Morris decided to "titivate" his Essex pharmacy he also took the plunge in Super Vantage. C&D went to look at the results

Sandy Morris first came to Mersea Island near Colchester for his National Service.

He soon got to know local pharmacists through Pharmaceutical Society meetings and one particular new acquaintance was to set the course of his career.

"James Ross told me that as soon as I was demobbed there was an opportunity here, in his pharmacy at Mersea Island."

Mr Morris took up the offer and by 1968 had bought the business entirely.

However, it was not the large, purpose built store Mr Morris runs today. "The pharmacy was the estate agents of next door. I built this pharmacy in 1974 in the garden of the old one." He now has ten times the space of the original business. Currently the business employs five full time and seven part time assistants, plus a part time pharmacist.

The character of the pharmacy is defined by the area it serves. With a clinic up the road in one direction and a doctor's surgery in the other direction, the business seems ideally placed. "As we are the only pharmacy on the island we have a captive audience in Winter," admits Mr Morris, "and trade in Summer doubles or trebles. The population grows from around 8,000 to 20,000 in the Summer — this island has four caravan sites."

It is not surprising, then, that the pharmacy does a brisk trade in off-licence sales, making some 20 per cent of the turnover.

Even successful businesses do not stand still, however, and a couple of years ago Mr Morris recognised the need to "titivate up" his pharmacy.

"The Co-op have a supermarket down on the corner now, a nice new store. I realised I needed to be more competitive on the OTC side of the business."

Mr Morris settled for a Super Vantage refit.

"In the end we had to totally redesign the shop. The real incentive was the bar: before the refit it was on the other side of the store from the stock entry (unusually, virtually the whole first storey of the building is given over to a stockroom, plus a few offices); stock had to be trundled through the store to the bar. Also, I felt the merchandisers were inadequate to hold the modern range of stock."

Vantage sent a team down to assess the shop's traffic flow and an early decision was to move the bar across the store — it is still the same bar, not a new one — to be closer the stock entrance. The dispensary at the back of the shop has now been revamped — the window area

overlooking the dispensing counter has been increased fivefold, and now allows the pharmacists a good view of virtually the whole store. There are plans to restructure the dispensary itself but "we didn't want to have the trauma of having the shop and dispensary done at the same time." However, there is a new dispensing counter in front of the dispensary.

### Symbol group?

"One surprise in the design is that there is nothing outside the shop to say it is a Super Vantage pharmacy." When I decided to go Super Vantage I was interested in a shop sign — AAH offer a part payment arrangement for the purchase of a sign — but Colchester Borough Council didn't want any gaudy outside symbols. As an alternative the pharmacy has Vantage symbols all around the pharmacy — over the merchandisers indicating what is for sale and in a frieze round the walls. Small wonder customers are coming up and asking: "Have you been taken over by a symbol group?"

There were three shopfitters recommended by AAH for the work and Mr Morris chose Crescent on local availability.

Crescent viewed the problem as unlike a typical pharmacy, with the off-licence, perfumery, specialist shoes and greetings cards activities.

The company believed that the important fact was to create strategically situated individual areas — in effect, to create a mini department store in a restricted space.



The old prescription counter



The new Super Vantage look

# 'Like Buckingham Palace'

One of the advantages of the recently introduced Numark Retail Concept is its flexibility. Newcastle pharmacy Sarah Kirkup Ltd is the most recent to get the new Numark look



Sarah Kirkup Ltd is a chain of six community pharmacies, four in Northumberland, and two in the Newcastle area.

The Westerhope pharmacy in Newcastle was due for a refit just at the time when Numark's new Retail Concept was launched. This seemed an attractive and suitable format, and because Sarah Kirkup Ltd is a loyal Numark member, the Numark style was chosen.

A busy out-of-town pharmacy, it employs Margaret Cook as pharmacist manageress, two dispensing staff, and five part-time front shop assistants. Following the refit, which has increased the front shop area, additional staff may be employed in future.

## The layout

The high volume of traffic through the dispensary was one of the many factors to consider in planning the new shop design. Part of the plan was to build a large extension to the rear of the site to form a brand new, custom-designed dispensary, comfortable tea-room and store-room twice the size of its predecessor.

The internal walls dividing the old dispensary, tea-room and store-room were knocked out, making the old L-shape of the shop into a large and airy rectangle, which has now been refitted in keeping with Numark's retail concept, using the Zaf shelving option.

"We've got much more space between the aisles, enabling young mums with buggies and prams plenty of access," says Mrs Cook. "Also we've got more space to display our stock, which looks all the better for the change."

However, the work was not all plain sailing.

"Planning permission was not a problem — the first real problem we encountered was a big willow tree at the back of the site, which the council had condemned as unsafe," remembers Margaret. "This had to come down before our extension could be built — and

then we were told that because willows have massive roots, we needed to lay foundations ten feet deep for our little one storey extension! This was a surprise, as we'd heard that week on a television programme that Salisbury Cathedral's spire has foundations only four feet deep."

The news about the deeper foundations meant an additional couple of weeks was added to the schedule while they were prepared, not to mention boosting the cost unexpectedly.

## More efficiency

The new dispensary relates more closely to the front shop. Slightly raised above the shop counter, it enables the dispensary staff to supervise sales more easily, and to make themselves available for consultation.

The pharmacy also now boasts neat waiting and consultation areas.

When the refit has been completed there will be a screened off consultation area at the end of the waiting area with a hatch through to the dispensary, so that anyone with confidential questions may be assured of privacy.

Clearly Mrs Cook is very happy with her newly refitted pharmacy, and her staff are too.

"It's like Buckingham Palace now compared to how it was before!" says pharmacy assistant Linda Watson.

Although there were some unforeseen complications along the way, she is emphatic that these should not put people off.

"Our particular problems were really caused by this being an old building that had once been a house; I don't think everyone should expect the same experience."

"We'll be adding the Numark services board and two of their new window stands to bring in front shop business. We also have to work out what to do with the tills. As the shopping area is longer, we may need to put in a further till point at the far end of the shop."

# SHOPFITTING DESIGN...



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The shop window is an important part of the sales message for any retail business, yet in pharmacy many still continue to dress their windows without professional advice. Designer Beverly Fuller looks at the pros and cons of employing a professional window dresser and provides a guide to what to look out for when you make the choice

# Dressing for action



**Who needs a professional window dresser?** As retail marketing in the High Street becomes ever more competitive your merchandising must be precise and effective, hitting the target every time. The focal point of your street level sales message is the window display.

Should you hire a professional to handle it for you or can you "do-it-yourself"? In saving money on DIY could you lose valuable sales opportunities? Canvassing the views of High Street traders in the South produced some revealing comments.

Asked "Why would you use a professional window dresser?" there seemed to be general agreement that the end result is a more professional look, the image of the shop is improved, providing a more eye-catching display which leads to increased sales.

The advantages for your business are that hiring outside assistance avoids diverting staff from their regular duties. Doing an unfamiliar job shop staff tend to work more slowly and the window is out of use for a longer period.

## Original ideas

Managers said the service they expect from a professional window dresser includes changing the window regularly and on time. Contributing original ideas and being aware of changes and special promotions being run by national advertisers. Putting in new displays to fit in with the proprietors own planned schedule. Having a flexible attitude to the work which allows some give and take. Paying due regard to tidiness and safety in the shop and working without disrupting the staff, customers and stockroom.

Some managers felt there are a few shortcomings in using a professional

window dresser, such as the inconvenience of being dependent on when they are available to do the job. Getting on the same wavelength is also important. There can be problems if the window dresser and staff do not relate to each other and are unable to work in harmony. Occasionally, window dressers do not have sufficient local knowledge of what sells best in a particular area and will need guidance.

## Doing it in-house

If you decide to handle your own window display do employ an experienced person. Don't assign untrained staff to the task. You invest time and money in training sales staff and a window dresser's skills are no less important to bring customers into your store.

Setting up your own display facility will inevitably commit some of your resources, so you need to weigh the costs. As well as salary there are overheads such as a studio or workshop area which needs to be properly equipped. Props and display materials need to be acquired and you will want storage space to accommodate them. Training courses will help keep your display person or team on the ball and properly motivated.

Alternatively, you could contract a display company to undertake the work for a fixed annual cost.

## Using a professional

The most practical answer to your problem may be to use a professional window dresser. All you are committed to is a straight fee, which is usually negotiable, plus expenses and you can use this service as frequently or as little as your budget will permit. The cost of the materials and hire,

or purchase, of props can be controlled according to cash flow and your special requirements through the year.

Can you be precise in your selection of window dresser or must you hire on an *ad hoc* basis? How do you go about it? Why not draw up a list of possible candidates from the recommendations of fellow traders or your local Chamber of Commerce, or you can check trade magazines and press advertisements. Some window dressers are represented by agents who will arrange everything for you.

## Competence

Having made contact how do you judge the competence of your window dresser? Here is a simple means of assessment. Brief them on your business and your plans for the window. Judge them on a) Speed of response b) Quality of presentation c) Warmth and friendliness d) The degree to which they have understood the brief and interpreted it in your window.

When hiring a professional window dresser here are ten points to look out for. Make sure the window dresser:

- Has a good track record.
- Shows creative flare.
- Is willing to get involved with your marketing plans and appreciates your selling aims.
- Can apply a wide experience to your kind of promotion.
- Brings new ideas to keep you up to date on display styles, colours, props and systems.
- Is aware of changes and trends in your type of business and understands your merchandise.
- Has the facilities and resources appropriate to your needs and sufficient contacts to handle your assignment efficiently.
- Has the skill and experience to provide a first class service on time, wherever it is needed.
- Will bring a professional, organised and business approach to your assignment.
- Charges a fair fee.

## Props yardstick

In-house you are limited to what props you can reasonably afford and how much storage space you have available. Whereas a professional window dresser will always be able to come up with something new and fresh which you can hire for a short period or buy outright, depending on whether it can be reused in the future. Your yardstick for buying will be how often you can bring it back to your window and still ring the changes with it.

To sum up, the advantages of employing a professional window dresser are lower overheads, more creative output, a more flexible working arrangement, better overall image on your shopfront, cost efficient service, better budget control, wider choice of props, more enthusiasm and better motivation. A professional window dresser can help you improve your business to compete more effectively with other shops in your area and generate increased sales.

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# NUMARK

PHARMACY IS HEALTHCARE RETAILING

## Reading between the lines to make spectacular decisions?

As suppliers of reading glasses we must congratulate you on an excellent article on this subject (last week p763). You covered most points, but we feel that these two further points might be of interest to your readers.

We feel that the power of +4.0 dioptres is far too strong for the correction of true presbyopia. As you pointed out, most suppliers suggest an average reading distance of 14in. If glasses of +4.0 dioptres are worn then a truly presbyopic person would only be able to see clearly *upto* 9.8in away: anything beyond that distance would start to blur. If they can see further than that, it is because they are basically longsighted and part of the power is correcting that defect as well. Although legally permissible we feel that this goes against the principle of reading glasses only for the correction of presbyopia and as such we do not supply this power.

The next point is that some manufacturers supply nine powers per model and other supply eight. Our own experiences indicate that our system that utilises six powers in 0.5 dioptre power steps is highly acceptable to customers. This also matches the opinions of our optical consultants.

A highly pertinent question then arises. If you can satisfy your customers with a six power system, why on earth stock nine? On a five design range that means another 15 stock items purely to hold one of each on show. With a reasonable back up stock this becomes an unprofitable investment. Why keep a stock holding of 50 per cent larger than you need? We leave it to your business pundits to explain...

**N. Shulton**  
Director, Direct Perception

## An obligation to maintain standards for the future for pharmacy

The NHS is currently under the weight of criticism being heaped upon it, and it is interesting to see how this debate is now moving to embrace other areas, particularly pharmacies. Without doubt there is a greater role to be played by pharmacists in the community, but there is a danger that the activities of a small number could threaten the professional standing and reputation of the majority.

This greater role will arise, however, only if the entire profession sticks to the most rigorous codes of conduct and

operates at the highest level. I agree with comments made by some of your correspondents that the professional image of some pharmacists has slipped because of a number of factors. The most serious of these concerns standards maintained in some pharmacies, and personal appearance and staff training.

Standards in pharmacies vary enormously throughout the country and while most conform to, or are well above the requirements of the Guide to Good Dispensing Practice, there are an alarming number who fall well below them. There seems to be a particular problem in some parts of Greater London, but it is a point that needs to be addressed nationally. Standards need to be maintained at the highest level if consumer confidence is to be retained.

Pharmacists are professionals and they have an important primary health care role to play, but how much confidence does a consumer have in a pharmacist who hasn't shaved and wears a moth eaten jumper? Appearance is important, and this has clearly been recognised by many of Britain's leading chemist chains where strict dress codes are enforced, and rightly so.

And finally, training is absolutely essential for all pharmacy staff who deal with the public. I find it surprising how many pharmacy managers fail to

recognise that staff training not only improves customer relations, but actually boosts takings as well. Other retail outlets may be disappearing from the nation's High Streets, but there will always be a place for the pharmacy — provided that professionalism and standards remain paramount.

**Pradip Patni**  
Managing director Vitalia

*Incontinence Pad*

*43PKS  
5/Box*

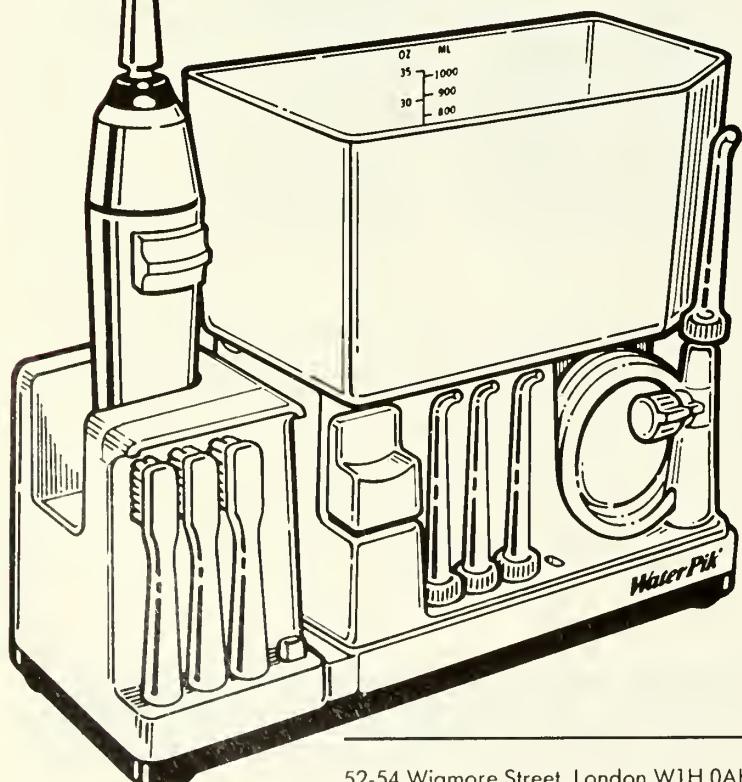
*Incare Liner Sheet  
Medium  
1/Box  
5/Box*

In preparation for 1992?

*Mr Saline Soln (100ml)  
Nasal toilet*

Getting down to basics...

# TELEDYNE WATER PIK



TELEDYNE WATER PIK, a world leader in oral hygiene, is pleased to announce the appointment of John Bell and Croyden of Wigmore Street London W1 as the main importer and distributor for its line of oral irrigators and electric toothbrushes.

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Chemist & Druggist 9 NOVEMBER 1991

## Drugs for diabetes

Non-insulin dependent diabetes mellitus (also known as Type II diabetes) occurs through a disorder of the glucose transfer proteins on the cell membranes or an accumulated insulin resistance and malfunction of the insulin receptor.

Diagnosis usually occurs after the age of 40, although the condition can arise during childhood and adolescence. However, nearly 50 per cent of individuals with NIDDM are over the age of 65 years, and this sub-group may pose special problems with diabetic management.

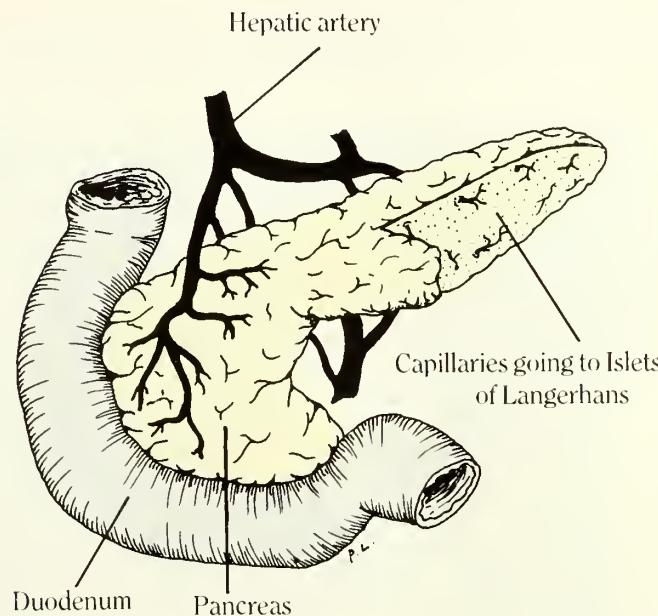
It is usual to try and maintain blood glucose levels between 4.5 and 6 mmols/l in younger patients, whereas elderly diabetics should aim to be managed between 6 to 12 mmols/l. There are numerous reasons to maintain glucose levels below 12 mmols/l in older people and there are a number of changes often seen with advancing age that may interfere with diabetes management (table 1), for example hypotension, anorexia, and visual disturbances.

Weight loss and dietary carbohydrate restriction are main methods of management in NIDDM and this has to be personalised to suit the individual. This form of management is not recommended for people less than 20 per cent overweight especially the elderly, where sugar exclusion and avoidance of sweet foods may prove adequate. Exercise of varying intensity can act to improve glucose utilisation and reduce plasma glucose concentrations but the effects are short lived — less than 72 hours — and may be difficult to achieve in immobile patients.

The use of hypoglycaemic agents in the management of NIDDM has been recognised for some considerable time, the two main drug groups being the sulphonylureas and the biguanides.

### Sulphonylureas

First generation sulphonylureas include tolbutamide, acetohexamide, tolazamide and chlorpropamide while second generation agents include glibenclamide and glipizide (table 2). Common features of the second generation sulphonylureas include hepatic metabolism to inactive compounds and longer duration



**Non-insulin dependent diabetes mellitus is thought to account for about 90 per cent of the total diabetic population. In the second part of our series on diabetes, Catherine Duggan of the Royal Free Hospital, Pond Street, London, reviews the use of hypoglycaemic drugs in the control of NIDDM**



of activity which reduces dosage intervals to one or two doses per day.

In spite of this, there would seem to be no true advantage of the second generation drugs over the first. The second generation compounds are far more potent (50-200 times the potency of first generation) and greater care needs to be taken in deciding dosages, especially in the more elderly patient or in renal or hepatic insufficiency. These drugs should be prescribed only when patients have been shown not to respond adequately to at least one month's restriction of energy and carbohydrate intake. Hypoglycaemics should be used to augment the effect of diet control and not to replace it.

### Pharmacology

Sulphonylureas act mainly by augmenting the insulin secretion and are consequently effective only when some residual pancreatic beta-cell activity is present. It is also suggested that during long term administration they may have an extra-pancreatic action. All may lead to hypoglycaemia four hours or more after food, but this is relatively uncommon and usually indicative of an overdose.

Although there are several drugs in this category there is no evidence of any differences in their respective efficacy in terms of hypoglycaemic actions. Only chlorpropamide has appreciably more reported adverse reactions mainly because of its prolonged duration of action and consequent hazard of hypoglycaemia, and also as a result of the common and unpleasant "chlorpropamide-alcohol flush" phenomenon.

The prevalence of this side-effect is unknown, but estimated to occur in up to a quarter of patients who take it at some time. Within about ten minutes of ingesting a small amount of alcohol, facial flushing occurs which may extend down the neck and arms. There is conjunctival injection in some cases, and headache, lightheadedness or breathlessness sometimes. The flush may last 30-60 minutes, but occasionally may last up to several hours.

Chlorpropamide is not the only oral hypoglycaemic associated with this reaction, continued on p812

Continued from p811  
but by far the commonest — less than 5 per cent of patients taking tolbutamide may experience this type of reaction.

Selection of an individual sulphonylurea depends otherwise on the age of the patient and their renal function, or, more commonly, on the prescriber's personal preference. Elderly patients are particularly prone to the dangers of hypoglycaemia when long acting sulphonylureas are used and it is important to understand pre-disposing factors which may contribute to hypoglycaemia, including the concurrent use of other drugs (table 3, table 4). Chlorpropamide and glibenclamide should be avoided in these patients and replaced by glipizide or tolbutamide.

The long acting sulphonylureas, such as chlorpropamide and glibenclamide are usually given once daily, whereas the other shorter acting drugs such as glipizide and tolbutamide are usually given in two or three times daily doses.

### Contra-indications

These drugs tend to encourage weight gain and should only be prescribed if poor control of symptoms persists despite adequate attempts at dieting. They should not be used when mothers are breast feeding, and caution is needed in hepatic and renal insufficiency because of the risk of increased hypoglycaemia due to accumulation of drug.

Renal impairment will lead to a prolongation of hypoglycaemic effects with the oral hypoglycaemics that have active metabolites; these metabolites are primarily excreted via the kidneys, and this can be a considerable problem with acetohexamide and tolazamide. The shorter acting tolbutamide may be more safely used in patients with renal impairment, as may glipizide and gliclazide, which are principally metabolised and inactivated in the liver.

In severe renal failure, patients will tend to show impaired compensatory responses to hypoglycaemia; this can mean that patients can become hypoglycaemic irrespective of drug treatment. If hypoglycaemic therapy is required in these patients, then tolbutamide or glipizide are probably the best choices.

Sulphonylureas are metabolised by the liver to less active compounds and hence hepatic impairment will have a tendency to prolong the effects of the drugs, as hepatic efficiency decreases. In addition, liver failure may be accompanied by reduced plasma albumin production, with a possible consequence of lowered protein binding, and hence increased blood concentrations of unbound (free) drug. In general sulphonylureas should be avoided in porphyria, but glipizide has been previously

**Table 1. Reasons for glucose control in older people**

Prevention of hyperglycaemia
<ul style="list-style-type: none"> <li>● hyperosmolar coma</li> <li>● ketoacidosis</li> <li>● lactic acidosis</li> </ul>
Prevention of long term complications
<ul style="list-style-type: none"> <li>● cardiovascular</li> <li>● retinopathy</li> <li>● nephropathy</li> <li>● neuropathy</li> </ul>

Management of glucose toxicity
<ul style="list-style-type: none"> <li>● incontinence</li> <li>● dehydration</li> <li>● infection</li> <li>● accelerated atherosclerosis</li> <li>● increased platelet adhesiveness (increased chance of infarctions and strokes)</li> </ul>

general practice.

The incidence of hypoglycaemic episodes resulting from sulphonylurea use is around 0.5-1 per cent, with a mortality rate associated with hypoglycaemia of about 3 per cent.

### Side-effects

Other than excessive hypoglycaemia, adverse reactions tend to be mild and infrequent, mainly headache and gastro-intestinal disturbances. Chlorpropamide may cause facial flushing after alcohol intake, and may also enhance the effect of antidiuretic hormone, which may result in hyponatraemia (low sodium levels).

Sensitivity reactions, if they occur, do so within the first 6-8 weeks of therapy and include



used in this condition.

Insulin therapy should be instituted temporarily during intercurrent illness (for example infection and trauma) and during surgery and pregnancy. The sulphonylureas are also contra-indicated during ketoacidosis. Diabetic ketoacidosis is a state of acidemia induced by excess production of ketoacids. Dehydration and hyperglycaemia are the usual causes of ketoacidosis and lactic acidosis may also be present. About 30 per cent of cases occur in patients with previously unrecognised diabetes.

### Hypoglycaemia

Excessive hypoglycaemic effects stemming from the use of these drugs may result from complicating factors, such as renal or hepatic failure described above, or from concomitant use of other drugs; the elderly in particular are prone to sulphonylurea induced hypoglycaemia.

Chlorpropamide and glibenclamide are the most commonly reported causative agents in the literature, probably because of the wider use of these drugs as hypoglycaemic agents in

transient rashes which sometimes progress to erythema multiforme, exfoliative dermatitis, fever and jaundice. Photosensitivity has been occasionally reported with chlorpropamide, as have blood dyscrasias, but all of these adverse reactions are rare.

### Biguanides

This category of hypoglycaemic agents include metformin, phenformin and buformin. The latter two drugs fell into disrepute in the late 1970's because of their association with the potentially serious adverse effect of lactic acidosis. A search of the literature suggests metformin-associated lactic acidosis has only been reported in cases of overdose, or in patients with existing renal or hepatic impairment, and the drug should never be used in these cases.

Metformin is now the only available biguanide for use in NIDDM; it has a different mode of action compared to the sulphonylureas, and is not interchangeable with them. The

**Table 2. Commonly used sulphonylureas**

	Potency	Daily doses	Duration action (h)	Diuresis
Tolbutamide	1	2-3	4-6	Yes
Tolazamide	5	1-2	18-24	No
Acetohexamide	2.5	2	12-18	No
Glipizide	100	1-2	16-24	No
Glibenclamide	150	1-2	18-24	No

pharmacological action of the drug is mainly through decreasing gluconeogenesis and by increasing peripheral utilisation of glucose; since it only acts in the presence of endogenous insulin, it is only effective in diabetics who have residual functioning pancreatic beta-cells.

Metformin is often used in first line preference in overweight patients, because of the weight-gaining potential of the sulphonylureas. There is usually no hypoglycaemic action in non-diabetic subjects, unless metformin is given in very high doses.

Gastro-intestinal problems such as epigastric discomfort and diarrhoea are initially common, and may persist in some patients, particularly when high doses (more than 3g daily) are given; however, most physicians will limit the upper dose range to 2g daily to avoid this. Long term therapy decreases the absorption of folic acid and vitamin B<sub>12</sub> from the gastro-intestinal tract, but this is probably not of clinical significance.

One possible advantage of metformin therapy over the sulphonylureas is that patients tend to lose weight with metformin, rather than gain weight which is sometimes seen with the latter drugs; this is of importance in the overall management of diabetics who are non-insulin dependent, as previously discussed.

## Drug management: Initial therapy

In the presence of a condition of marked symptomatic hyperglycaemia, for example where fasting blood glucose levels are more than 15mmols per litre, therapy with oral hypoglycaemics is coupled with dietary restrictions and management. Treatment decisions should be individualized and therapeutic goals shifted to allow for varying circumstances and concurrent illness.

During coexisting current illness, pneumonia, or imminent surgery then insulin therapy is utilised. Before prescribing the therapy of choice, any infection should be treated and diabetogenic drugs such as steroids, thiazides and calcium channel blockers should be assessed and perhaps discontinued.

## Second line therapy

Patients with NIDDM who fail to achieve initial control with first line therapy are regarded as primary treatment failures. This incidence depends on criteria such as patient compliance with diet and medication coupled with the clinician's willingness to use combined therapies. Treatment will include trying to identify contributory diabetogenic factors, and switching to another sulphonylurea or switching the patient to insulin on a temporary basis.

**Table 3. Hypoglycaemia: Pre-disposing factors in diabetic patients**

Age > 60 years
Liver dysfunction
Renal dysfunction
Excessive alcohol intake
Concurrent acute illness
Diarrhoea
Heart failure
Fasting
Other drugs

**Table 4. Some drugs associated with hypoglycaemic effects**

Salicylates
Sulphonamides
Haloperidol
Allopurinol
Dextropropoxyphene
Antimuscarinics
H <sub>2</sub> receptor antagonists

## Underweight patients

This sub-group of NIDDM are often markedly insulin deficient and persistence with oral agents is sometimes both futile and potentially dangerous. Patients can suffer from lethargy, polyuria, weight loss and ketonuria. Estimation of endogenous insulin may prove indicative of deficiencies which can be treated conventionally with insulin.

for insulin therapy. This may be to supplement endogenous insulin production, but problems may arise with weight gain which increases insulin resistance.

## Obese patients

This group of patients have maintained overweight or increased body weight during dietary and oral hypoglycaemic treatment. Many are demonstrably well controlled with supervised restricted intake of food and hypoglycaemic medication (for example in hospital) but are persistently hyperglycaemic at home. Further therapy is difficult to give following the build up of insulin resistance. Success is uncommon even after re-emphasis of the importance of diet by the dietician and advice on exercise.

## Moderately obese patients

This group of patients can be initially treated with metformin in full doses, with combined therapy sulphonylureas at a later stage if necessary. Management is similar to that of monotherapy with incremental dose increases until blood sugar levels fall to within a more acceptable range.

Patients who remain poorly controlled are then considered

## Monitoring

Blood glucose monitoring at home, either visually or with a reflectance meter, should be performed before meals. The frequency of testing is dependent on the stability of control. Urine testing is often insufficient with an elevated renal threshold for glycosuria masking hyperglycaemia, or negative urine tests failing to distinguish normal and low blood sugar levels.

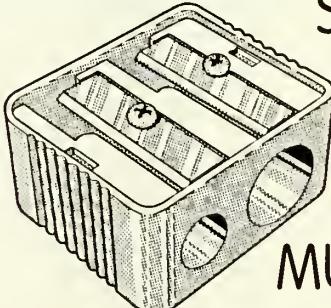
## Interactions of professionals

General management will include advice on diet, with explanations and reasons given for the avoidance of excessive sugar-containing foods; consultations with dieticians should be encouraged, and similar explanations with the patient's relatives and spouses are helpful and encourage compliance.

Regular urine testing for glucose and ketones are necessary, with patient education being a primary objective and a role effectively performed by the community pharmacist.

Advice on taking the hypoglycaemic agents should be relevant and concise; for example taking glibenclamide with or after breakfast (to avoid feelings of dizziness or lightheadedness).

Photographs courtesy of Ames.



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# RPSGB welcomes Charter but warns on hospital cuts

The Royal Pharmaceutical Society's president David Coleman has welcomed the Government's Patient's Charter (C&D last week p739), but has warned that service standards in hospital must not be sacrificed for short-term cost savings.

Pharmacists have taken a lead in matching standards of service to patient need and consumer expectation, said a Society statement. The profession's commitment was to be consolidated with a set of service standards written into the Code of Ethics, which Mr Coleman hopes will be accepted by the profession at its 1992 annual meeting.

"No health profession has been quicker to adapt to change — both in therapeutic development and consumer demand," said Mr Coleman, citing the profession's response to the growing trend towards self-medication for minor ailments.

"The adoption of a set of service standards will help community pharmacists play their full role as providers of healthcare and guardians of medicine safety."

However, Mr Coleman issued a warning over the effects of Government reforms on service standards in hospital pharmacy. The service's contribution to patient care, by ensuring safe and rational prescribing and efficient delivery of medicines, was "immensely valuable", he said.

"There are, however, fears that over-zealous management would take the short-term view and abandon the clinical pharmacy service which has been shown to improve standards of patient care, substituting a supply service."

- The patient's Charter was also welcomed by Bromley Family Health Services Authority and North West Thames Regional Health Authority. In Bromley, general manager Tom Dean pointed out that a number of local initiatives were underway to put into

practice the Charter's principles.

These include a computerised information service (Helpbox) available to the public, service users, voluntary workers and professionals, which covers health and social care services. The FHSAs also plan to develop a common complaints procedure for NHS services, advice shops to provide easy access to information about NHS services and related health matters, and a transport clearing

centre to enable GPs and hospitals to book patients' transport quickly and easily.

NW Thames RHA chairman Sir William Doughty said the national Charter will fit well with initiatives currently underway in the region to "create a better NHS by putting the patient first".

A number of local health authorities, included South Bedfordshire and East Hertfordshire, have already

published their own charters and others will follow.

The East Hertfordshire Charter includes most of the main points in the national Charter, plus some additional rights including: the right to be treated with skill and consideration, and to receive high quality services; the right to be supported by a friend or relative; and the right of people with special needs, such as the disabled, to have extra help or advocacy.

## CPP: training and team work needed for targets success

Community pharmacy has significant contributions to make to promoting health but team-work with other healthcare professionals and training and education are necessary if targets are to be met.

This is the message from the College of Pharmacy Practice responding to the Government's discussion document "The Health of the Nation", which it welcomes as "an excellent document".

Both community and hospital pharmacy have important roles to play if the Government's aims are to be realised, says the CPP. Community pharmacy's potential to influence health through screening, information and advice as well as supplying remedies for minor ailments, is described as "enormous".

"Patient counselling on the correct use of medicines and specialised dosage forms will relieve the burden on expensive GP services, improve the quality of patient care and prevent iatrogenic disease." Ready accessibility to patients who wish to talk to a health professional without an appointment is a valuable resource that should be exploited.

Hospital pharmacy has an important contribution to make to patient education about medicines prior to discharge, continues the report. In addition, information

leaflets can be coupled with counselling for outpatients.

"Liaison between hospital and High Street pharmacists, where this is possible, could prove especially helpful to the elderly and groups of patients with special needs," says the CPP. Community services pharmacists can provide this link, and the role of hospital-based CSPs in establishing health education campaigns should be encouraged.

To achieve the aims and objectives of the document's strategy of shared commitment, patients need more information, advice and help, says the College. Any information needs to be clear and consistent, and it is important that all healthcare professions work closely together.

"Healthcare professionals must develop the TEAM approach to include all those who can contribute significantly to patient care on the principle that 'Together Everyone Achieves More'. Without this, the potential benefits that they can offer to the public will be reduced."

Turning to the subject of training, the College says that education and training of High Street pharmacists needs to be "actively encouraged", and the problems faced by many single-handed retail pharmacists in maintaining an educational commitment need to be addressed.

"A remuneration package linked with a contractual obligation of continuing education needs to be given serious consideration at national level. This will ensure the public of the best quality of pharmaceutical advice in an area of rapid innovation and development."

For the future it is important that all healthcare professionals at local level are involved in formulating the plans in their area of responsibility, says the CPP. "Hitherto, High Street pharmacists have only been on the periphery of the healthcare team. It is now time to realise this valuable resource for the benefit of patients and other healthcare colleagues."

In addition, research will be key

to investigating problem areas and effective treatment protocols, concludes the College. "A strategy for stimulating and facilitating research projects must be created. The present stimulus to multidisciplinary projects is encouraging and pharmacists, including High Street pharmacists, should have available a similar resource."

The CPP's submission includes examples of the potential contribution by pharmacists to those specific areas outlined in "The Health of the Nation".

- The Pharmacy Advisory Group of the Health Education Authority has also formulated its response to "The Health of the Nation". Chairman Michael Burden points out that although these views have been submitted to the HEA, there is no guarantee that they will find space in the Authority's final response.

The PAG recognises the contribution that pharmacy is making, and can make in the future, but identifies the needs for further training and support to the profession to maximise this contribution. In particular, further development of the Pharmacy Healthcare Scheme is advocated.

In the key areas of the document — coronary heart disease, stroke, smoking, accidents, HIV/AIDS, health of pregnant women, infants and children, and mental health — pharmacists are currently making significant contributions, says the PAG.

In the particular area of communicable diseases, the report points out that pharmacists are only peripherally involved in immunisation and vaccination programmes. "Further education and a reconsideration of the supply system of vaccines could radically enhance the pharmacist's contribution."

In addition, further education and the establishment of local networks and referral systems could enhance the profession's contribution to improving eating and drinking habits.



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## Medicopharma UK shut down, AAH step in

In a spectacular unsignalled move Medicopharma UK have been closed down. The 900-strong workforce has been made redundant and the stock and three of the depots have been sold to AAH.

Neither hospital nor community pharmacist customers of the wholesale group had any notice of the close-down.

The demise of Medicopharma UK came fast on the news that Scardus Fontein, president of the Dutch parent company had been forced to resign. While the official reason for this resignation is said to be a "difference of opinion in company policy," financial losses have been heavy.

### Uncompetitive

Commenting on the closure of its UK subsidiary, a statement from Medicopharma NV said: "To remain competitive in the UK Medicopharma would have had to commit substantially more financial resources, which the board considers would be better applied to developing its defined core business" — pharmaceutical wholesaling in Holland and the production of generics. The disposal of its UK assets is expected to save the business 100 million gilders (£30m).

Medicopharma UK's chief executive John Baseley made no attempt to hide his dismay at the news. He said he was "shattered and stunned" and that he had had no intimation of the move.

"The management team of the UK company had been discussing a management buy-out worth £22m to £25m" he told C&D. "I had approval from Fontein to proceed with it in August. I was called over to Holland to negotiate on Saturday; on Sunday morning I was told my services were no longer required." He returned to England to find he was locked out of his office. All the staff have been sent dismissal notices on the Sunday, delivered by hand.

Numark, the voluntary trading organisation in which Medicopharma was a key wholesale member, said in a statement that Numark's retail members affected by the shut-down have been "sent a letter from central office advising

them of arrangements now being made for the continuation of supply". More urgently, Numark started responding to phone calls at 8.00am last Monday, when the news first broke. "Several thousand Medicopharma customers had to make speedy alternative arrangements," said Numark's managing director Terry Norris. By the afternoon of the same day the first deliveries were being made to these customers, he says.

### Numark service

Many of the pharmacies affected have already received their first deliveries from the remaining Numark wholesalers. Ridley's customers have been offered a service by APL, Hall Forster and Rowlands, while some of Numark's members in Scotland are already being served by John Hamilton Pharmaceuticals.

Further south, the Medicopharma's Butlers depot and Macarthy Weedon and Cambridge depots are being offered a service by Daniels. Herbert Ferryman are also doing the same for the customers of the Weedon depot. "I have no doubt that in 36 hours from now we will be dealing with 50 per cent or more of Medicopharma's former customers," said Mr Norris.

Bill Revell, just promoted to group managing director for AAH Holdings, said: "We are trying to get in touch with the hospitals affected. If they have contracts outstanding following the closure of Medicopharma let us know and we'll keep them supplied." In many cases AAH was already first or second line wholesaler to Medicopharma UK and the company has picked up business as pharmacies covered with their alternative supplier. Unichem and regionals have also picked up business.

As C&D went to press AAH were hoping to get its three new depots open by Wednesday. "We had a close eye on the situation and could see there was likely to be some disruption in the market and we would need to address it. This is why we aim to get the three depots up and running as soon as possible."

Unichem chief executive Peter Dodd told C&D: "Those pharmacists who had two accounts



Bill Revell, AAH's group md

**"There is more than enough competition in the market to service it even without Medicopharma." — Bill Revell**

have just given everything to their second supplier. Those who contacted us yesterday we are supplying today. There are many pharmacists out there who will be making short-term arrangements. If they want a reliable and efficient wholesaler they are welcome to talk to us."

Mr Dodd said he thought the way the closure of the Medicopharma UK business was handled "left something to be desired".

Mr Norris of Numark commented: "Given the special nature of retail pharmacy in the healthcare chain some notice would have been of value. It is somewhat undignified, frankly, for the wholesalers having to scramble and rush to maintain the supply of service."

While AAH have not bought the business, they have bought three of the seven depots, plus Medicopharma's stock and fleet of vans. "We don't see any competition issues involved here; the business has been closed and we have bought some assets.

"We have taken on the depots to merge with our existing business. We thought our existing capacity would be under pressure in serving the wider market following the closure of Medicopharma. The three depots AAH have taken the lease on are at Harold Hill Romford, Weedon and Aberdeen.

### Assets only

Mr Revell is emphatic that AAH have not bought the Medicopharma business. "It is well known the company could have been bought if anyone wanted to buy it. We have not taken on anything to do with the commercial operation — no customer lists or anything". He said it was only a question of purchasing stock and some fixed assets, including the vans.

Commenting on possible MMC interest in AAH's purchase of these sets, Mr Revell commented: "The MMC haven't any funds, they are not a venture capital organisation. They can't force people to stay open who are trading at a loss."

"At the end of the day our industry is controlled by the Department of Health so no-one is going to make a fortune. The Government will allow what it considers to be an appropriate margin for wholesaling."

Mr Dodd said that Medicopharma had not offered the business to Unichem, and they were right not to do so. "If we had struck the same sort of deal as AAH it might have been interpreted as forestalling the MMC inquiry."

"Unichem are not in the business of buying the depots of other companies; we have got all the depots we need."

Mr Dodd said that AAH was likely to pick up the lion's share of the Medicopharma business. "The three depots will be operating as AAH in a few days; people may well stay there rather than look around for somewhere else."

Neither Mr Dodd nor Mr Revell  
Continued overleaf

Continued from page 815

accept that the demise of Medicopharma UK should affect competition in UK wholesaling. "UK pharmacy is very well served with two nationals and a good spread of regionals," said Mr Dodd. "There is more than enough competition in the market to service it even without Medicopharma," agreed Mr Revell.



Unichem chief executive Peter Dodd

**"If we had struck the same sort of deal as AAH it might have been interpreted as forestalling the MMC inquiry."** — Peter Dodd

However, Numark's Terry Norris commented: "It is desirable that there remains a reasonable choice in the market place. Numark still represents that choice."

The Office of Fair Trading is expected to take an interest in the deal. "We will be looking at it to see if it passes one of the two tests for OFT attention" said a spokesman. These are that the combined assets of the business are more than £30 million and the market share greater than 25 per cent. Currently AAH have 26 per cent of the market and can expect to increase it with the Medicopharma UK assets they have taken on.

Macarthy's group financial director Stephen Oakley said he was personally disappointed at the turn of events: "We used to own the business and I still know a lot of people working there," he told C&D. He said the company's immediate concern was to maintain the ethicals supply to Savory & Moore which had a supply contract with Medicopharma, negotiated at the time of the sale of the former

Macarthy Medical division. "We have covered our ethicals requirements with existing wholesale arrangements; the commercial requirements are being addressed."

He said that under the terms of the supply agreement Macarthy had an obligation to buy 90 per cent of their ethicals from Medicopharma UK. However, "As from last Monday Medicopharma UK were unable to supply and we will source elsewhere. It is a matter of available supply and price." AAH is Macarthy's second line supplier.

The discount terms in the supply agreement had been frozen on October 1 during re-negotiation: "Medicopharma had to get within 0.5 per cent of terms generally available; it put us in the position of searching out the best deal in the market as a negotiating hand with Medicopharma." Mr Oakley said that, while in recent weeks the terms under which Medicopharma were going to supply Macarthy's Savory & Moore chain had not been negotiated, they had "every expectation of negotiating terms satisfactory to them".



John Baseley: shattered and stunned

- Pharmacy Systems Limited, the computer systems company marketing their Mediphase system through Medicopharma UK, insisted that they were not affected. "PSL is a stand alone company funded separately," director Maurice Leaman told C&D.

"While our marketing ploy originally was to go to Medicopharma customers, this week's events releases us from that obligation. We now intend to sell to anyone who wants the system."

He said PSL was in discussion with a number of people in the industry about using the system, but that "Mediphase's function in endorsing prescriptions remains unchanged".

The company, 51 per cent owned by Medicopharma NV and 49 owned by directors Ahmed Saley and Mr Leaman, were moving out of the Harold Hill depot at Romford as C&D went to press.

## Grampian's Macarthy bid fails

The Grampian bid for Macarthy has failed, with the company receiving acceptances representing just 10.9 per cent of Macarthy's ordinary shares.

Grampian Holdings chairman Bill Hughes said: "We are naturally disappointed with the outcome, but accept that Macarthy shareholders have made up their minds for the time being. Given the fact that the Macarthy share register is dominated by only a small number of large institutions we have always known the result would be overwhelming either way."

Macarthy's group finance director Stephen Oakley told C&D: "We are pleased that shareholders have listened to what we have to say and have decided to follow our advice." He said that there was no doubt in his mind that the Monopolies and Mergers Commission would clear both Lloyds' and Unichem's bids for the company on January 17.

Grampian's bid was badly hit by Lloyds decision to hold onto the 9.9 per cent stake it holds in Macarthy, plus the decision of John Govett, owner of 18.26 per cent of the Macarthy equity, to hold onto its shareholding until after the MMC inquiry reports.

Unichem's chief executive Peter Dodd commented that the shut

down of Medicopharma UK "will speed up the MMC decision no end. As the Commission is only supposed to be looking into the monopoly implications as it affects supplies to pharmacies in Glasgow supplied by Medicopharma UK, as the company no longer exists the effects in Glasgow no longer exist."

He said the failure of the Grampian bid means that once the MMC has made its ruling Unichem "can decide whether to make a further bid".

On the other hand, if the Grampian bid had gone through Unichem would have been spared further dealings with the MMC.

Mr Oakley commented: "One of life's ironies is that the supply by Medicopharma that has been concerning the authorities no longer exists."

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### Proteus and Repligen

Following research on therapeutic and prophylactic vaccines for HIV Proteus Molecular Design, a subsidiary of Proteus International, has entered into an agreement with Repligen. Over the next three months, Repligen will conduct a pre-clinical evaluation of Proteus' reagents with reciprocal arrangements for Proteus to evaluate Repligen's reagents in the UK.

### Medeva acquires Adams

Medeva have approved the acquisition of Adams Laboratories Inc at an extraordinary general meeting. Adams, a pharmaceutical manufacturer based in Texas, had sales of \$22.5m and pre-tax profits of \$7.3m in the year to June 1991.

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**NORTH NOTTS VILLAGE** - A management vacancy will arise early in the New Year for a busy village pharmacy. Minimal paperwork. Temporary accommodation available for single person if required. Telephone 0909 730300 or 730045 evenings.

**HIGH WYCOMBE** - Manager required for small pharmacy with potential. A very interesting package is guaranteed for an applicant with the necessary business acumen and communication skills necessary to develop this outlet. For more details telephone Anne Wilton on (0494) 520685.

**BROMSGROVE & LEAMINGTON SPA AREAS** - Knights Chemist are an established pharmacy group, very committed to extending our role in the community. We are looking for an equally committed enthusiastic pharmacist wishing to develop their full potential. In return we can offer you:- Competitive salary, four weeks paid holiday, negotiable working week, minimal paperwork. Also training, encouragement and support. Newly registered welcome. To apply for either of these excellent opportunities both set in glorious shire counties, contact Mrs Annemarie Ellard, Knights Chemist, 434 Evesham Road, Crabbs Cross, Redditch, Worcestershire B97 5JB. Tel: day 0527 402146 or evenings 0386 792966.

## LOCUMS

**HEMEL HEMPSTEAD, HERTS** - Long term locum with at least two years retail experience required from 25 November for busy

community pharmacy close to medical centre and easy access to M1 motorway. Telephone 0582 760892 (days or evenings).

## SITUATIONS WANTED

**ELTHAM, LONDON SE9** and surrounding areas including North East Kent. Experienced ex-proprietor available now. Long or short term. Please telephone 081-850 4893.

**BRIGHTON, WORTHING, CRAWLEY** - Locum pharmacist available on a weekly or daily basis for most weeks in November, December and January. Experienced and computer literate. Telephone 0444 233839.

**GLOUCESTERSHIRE AND SURROUNDING AREAS** - Locum pharmacist available for days or weeks. Holds PMR and residential homes certificates. Telephone (answerphone) 0452 421202.

**EFFICIENT LOCUM** seeks regular Mondays or Tuesdays. Please telephone (071) 724 4083 between Wednesday and Saturday or (081) 952 3143 evenings.

**ENTHUSIASTIC, EXPERIENCED** pharmacist available 25th November onwards for country areas all over Great Britain. Short or long term. Don't hesitate to call Jane Armstrong 11th Nov - 23rd Nov at work (0603) 701307 or leave message on (071) 589 1958.

**EXPERIENCED LOCUM** available weeks commencing November 18th/25th, December 2nd/9th/30th or part weeks especially at New Year's Eve period. Tel: 081-554 2253.

**SLOUGH / SURREY / M25** - Pharmacist available from January onwards. Four years retail experience. Long term only. Reasonable rate. Telephone 081-572 7461 evenings/weekends..

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**OMRON RS12** cash register for sale, 4 departments, for clerk in very good condition £200. Please telephone (0590) 673745.

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422 3905 day or 081-904 4157 evenings.

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## WANTED

**COMPUTER PROGRAMME** for completing FP66/SP66A oxygen forms. Contact Ken Schofield (0793) 616840.

**GOOD CONDITION** second hand Richardson BBC computer plus printer wanted. Please ring 071-734 5071.

**ACCOMMODATION WANTED** - Pharmacist and spouse urgently require cheap and cheerful accommodation in Florida for the first two weeks in December. Telephone 081-556 1124 evenings or 0732 364422 day time (ask for Charlotte Coker).

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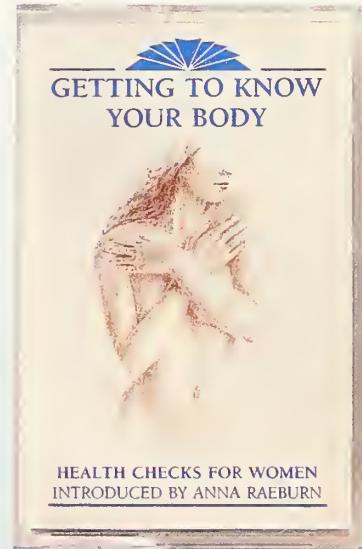
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